# Free and Reduced-Price Policy Handbook

**Child Nutrition Programs** 

Arizona Department of Education

The contents of this publication were developed and produced through funds from the United States Department of Agriculture.

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

Printed in Phoenix, Arizona by the Arizona Department of Education Jaime A. Molera, Superintendent

Revised January 2002

#### **TABLE OF CONTENTS**

| •   | <u>Page</u> |
|---|-------------|
| Introduction  | . 8         |
| Glossary of Terms                                       | . 9         |
| Public Announcement About Benefits                      | . 12        |
| Public (Media) Release                                  | . 12        |
| Notice to Households (Parent Letter)                    | . 12        |
| Foreign Language Translation                            |             |
| Free and Reduced-Price Policy                           | . 14        |
| Basic Requirement                                       | . 14        |
| Policy Statement  |             |
| Free and Reduced-Price Reimbursement                    |             |
| Collection and Processing of Applications               | . 15        |
| Application Collection Procedures                       | . 15        |
| Benefits Prior to Processing Applications               | . 15        |
| Application Processing Time Frame                       | . 15        |
| Eligibility Criteria                                    |             |
| Citizenship   | . 16        |
| Complete Application                                    | . 17        |
| Computation of Current Income                           |             |
| Application Approval or Denial                          | . 20        |
| Temporary Approval                                      | . 21        |
| Households That Fail to Apply                           |             |
| Children Residing in Homeless Shelters                  |             |
| Notification of the Eligibility Determination           |             |
| Changes in Household Circumstances                      | . 24        |
| Eligibility Changes.                                    |             |
| Appeals   |             |
| Record keeping  |             |
| Computer Generated Rosters                              |             |
| Multi-Use Application                                   | . 26        |
| Confidentiality / Disclosure of Eligibility Information | . 28        |
| General   |             |
| Parental Notification about Eligibility Disclosure      | . 30        |
| Agreements of Understanding                             | . 31        |

#### **TABLE OF CONTENTS** (continued)

|  | <u>Page</u> |
|--|-------------|
| Other Disclosures that Require Parental Consent        | 31          |
| Consent Statement Requirements                         |             |
| Requirements for Disclosure of Social Security Numbers |             |
| Penalties for Improper Disclosure                      |             |
| Income Eligibility                                     |             |
| General  | 34          |
| Determining Household Size                             |             |
| Adopted Child  |             |
| Child Attending an Institution                         |             |
| Child Away at School                                   |             |
| Child Living with One Parent, Relative or Friends      |             |
| Joint Custody  |             |
| Emancipated Child                                      |             |
| Foreign Exchange Student                               |             |
| Foster Child   |             |
| Institutionalized Child                                |             |
| Homeless Child   |             |
| Family Members Living Apart                            |             |
| Determining Household Income                           |             |
| Current Income   |             |
| Projected Income for Seasonal Workers and Others       | 37          |
| Income for the Self-Employed                           |             |
| Income from Wages and Self-Employment                  |             |
| Military Benefits                                      |             |
| Foster Child's Income                                  |             |
| Institutionalized Child's Income                       | 38          |
| Child's Income.  |             |
| Alimony and Child Support                              | 39          |
| Lump Sum Payments                                      |             |
| Garnished Wages and Bankruptcy                         |             |
| Income Exclusions                                      |             |
| Categorical Eligibility                                | 41          |
| Application Requirement                                | 41          |
| Direct Certification                                   |             |
| Required Documentation.                                |             |
| Information Provided to the Household                  |             |
| Delivery of Benefits                                   | 45          |

#### **TABLE OF CONTENTS** (continued)

|   | <u>Page</u> |
|---|-------------|
| Special Assistance Certification                | 45          |
| Provision 1                                     |             |
| Provision 2                                     | 45          |
| Provision 3                                     | 45          |
| Questions and Answers                           | 46          |
| Letter/Notice to Households and the Application | 46          |
| Processing Applications                         | 47          |
| Complete Application                            | 50          |
| Maintenance of Applications                     |             |
| Income  |             |
| Household Size                                  |             |
| Processing Applications Update                  |             |
| Special Milk Program                            |             |
| Categorical Eligibility                         |             |
| Direct Certification                            |             |
| Confidentiality.                                |             |

#### **TABLE OF CONTENTS** (continued)

#### VERIFICATION

|   | <u>Page</u> |
|---|-------------|
| Verification of Eligibility for School Meals          | 61          |
| Definition  | 61          |
| Exemptions from Verification                          |             |
| General Requirements                                  |             |
| Implementation  |             |
| Random Sampling                                       |             |
| Focused Sampling                                      |             |
| Focused/Random Sampling: Advantages and Disadvantages | 67          |
| Verification at the Time of Application               | 68          |
| Household Notification of Selection for Verification  | 69          |
| Verification Methods                                  | 70          |
| Written Evidence                                      | 70          |
| Collateral Contacts                                   | 70          |
| Agency Records  |             |
| Verification of Income Eligibility                    | 72          |
| Request for Written Evidence                          | 72          |
| Verification Using Collateral Contacts                |             |
| Verification Using Agency Records                     |             |
| Advance Notice of Adverse Action                      |             |
| Verification of Categorical Eligibility               | 74          |
| Request for Written Evidence                          | 74          |
| Agency Records  |             |
| Advance Notice of Adverse Action                      |             |
| Completion of Verification                            | 77          |
| Completion Date                                       | 77          |
| Verification Results                                  |             |
| Notification of Adverse Action                        |             |
| Benefits During Appeal of Verification Results        |             |
| Hearing Procedure                                     |             |
| Households that Reapply for Program Benefits          | 80          |
| Record keeping  |             |
| Questions and Answers - Verification                  | 82          |
| Annendices  | 85          |

#### **APPENDICES**

| Sample Media Release for Free and Reduced-Price Meals  |  |
|--|--|
| Sample Letter to Parents   |  |
| Sample Letter to Parents (Spanish)   |  |
| Application for Free and Reduced-Price Meals   |  |
| Application for Free and Reduced-Price Meals (Spanish)   |  |
| Multi-Use Parent Letter  |  |
| Multi-Use Parent Letter (Spanish)  |  |
| Multi-Use Application for Free and Reduced-Price Meals   |  |
| Multi-Use Application for Free and Reduced-Price Meals (Spanish)   |  |
| Income Eligibility Guidelines Sample   |  |
| Notification that Temporary Approval is Expiring Soon  |  |
| Notification that Temporary Approval is Expiring Soon (Spanish)  |  |
| Notification Letter for School Meals   |  |
| Notification Letter for School Meals (Spanish)   |  |
| Free and Reduced-Price Policy Statement  |  |
| Department of Economic Services Sample Free Meals Program(s) Letter for Direct Certification                                 |  |
| Sample Verification Schedule and Procedures  |  |
| Random Sampling Worksheet  |  |
| Focused Sampling Worksheet   |  |
| Letter to Households - Notification of Selection for Verification of Eligibility   |  |
| Verification Information for Free and Reduced-Price Meals  |  |
| Letter to Households (Spanish)   |  |
| Verification Information (Spanish)   |  |
| Sources of Acceptable Income Documentation   |  |
| Letter Household May Have Employer Complete Statement of Earnings  |  |
| Letter Household May Have Social Security Office Complete for Social Security (SS) and/or Supplemental Security Income (SSI) |  |
| Notification of Adverse Action; Change in Benefits or Termination of Free or Reduced-Price Benefits                          |  |
| Notification of Adverse Action; Change in Benefits or Termination of Free or Reduced-Price Benefits (Spanish)                |  |
| Letter Household May Have Food Stamp/FDPIR/CA Office Complete Statement of Food Stamp/FDPIR/CA Benefits                      |  |
| Letter to Food Stamp/FDPIR/CA Office from School Food Authority  |  |
| Verification Form - Food Stamp/FDPIR/CA Recipients   |  |
| Notification of Adverse Action for Food Stamp/FDPIR/CA Households  |  |
| Notification of Continuation of Benefits as a Result of Verification   |  |

#### **APPENDICES**

| Verification Report  | T |
|--|---|
| Disclosure of Free and Reduced Price Information Agreement | U |

#### **INTRODUCTION**

The Food and Nutrition Service of the U.S. Department of Agriculture (USDA) has established regulations to carry out the intent of Congress that nutritious meals or milk be available to every school student regardless of the household's ability to pay. This handbook sets forth guidelines for school officials responsible for determining eligibility for free and reduced-price meals in schools that participate in the National School Lunch and School Breakfast Programs (including commodity schools and after school snacks) and for free milk in schools that participate in the Special Milk Program exercising the free milk option or that provide free milk to eligible kindergarten children who do not have access to the lunch or breakfast program.

All school food authorities (SFAs) being reimbursed for free, reduced-price and paid meals MUST have adequate documentation on file to support the claim of reimbursement. Those that participate in the Special Milk Program implementing the free milk option are required to have the same documentation that is required for free meals.

#### **GLOSSARY OF TERMS**

**CACFP:** Child and Adult Care Food Program.

**Cash Assistance Unit (CA):** any individual or group of individuals currently certified to receive assistance under the Cash Assistance Program in a State where the standard of eligibility for benefits does not exceed the income eligibility guidelines for free meal or milk benefits.

**Cashier:** an individual who takes tickets, cash or other media of exchange from students receiving free, reduced-price or paid meals. The term "cashier" is also used to reflect the individual who, through use of a roster, checklist, computerized identification system or other non-cash medium of exchange, identifies the eligibility status of students receiving free meals or milk, reduced-price meals and paid meals or milk.

Categorical Eligibility: any child who is a member of a Food Stamp household, a Cash Assistance unit, participates in the FDPIR or meets the Head Start income guidelines is automatically eligible for free meals or free milk. To establish their categorical eligibility, households MUST provide current Food Stamp, CA or FDPIR case numbers on the application for free and reduced-price meals or free milk; or provide the Arizona Department of Economic Security (DES) "Free Meal Programs" letter; or documentation for Head Start eligibility.

**CFR:** Code of Federal Regulations. Child nutrition regulations are contained in title 7 of the Code of Federal Regulations.

**Commodity School Program:** program under which participating schools operate a nonprofit lunch program and receive donated food assistance in lieu of general cash assistance.

**DES:** Arizona Department of Economic Security.

**Direct Certification:** the process of establishing children's eligibility for benefits by obtaining documentation directly from the DES. Households determined eligible for meal or milk benefits through direct certifications are not required to submit a free and reduced-price application to the school; instead they should bring the DES notification titled, *Free Meals Programs* for the current school year.

**FDPIR (Food Distribution Program on Indian Reservations):** families on certain Indian Reservations who meet Food Stamp income guidelines to receive commodity foods.

**FNS (Food and Nutrition Service):** agency within the U.S. Department of Agriculture which is responsible for administering the National School Lunch Program, School Breakfast Program, Special Milk Program, Commodity School Program and other food assistance programs.

**FNSRO:** Food and Nutrition Service Regional Office.

**Food Stamp Household:** any individual or group of individuals currently certified to receive benefits under the Food Stamp Program.

**Free Meal:** a meal served under the National School Lunch or School Breakfast Program to a child from a household eligible for such benefits under 7 CFR Part 245 and for which neither the child nor any member of the household pays or is required to work in the school or in the school's food service.

**Free Milk:** milk served under the Special Milk Program to a child from a household eligible for free milk under 7 CFR Part 245 and for which neither the child nor any member of the household pays or is required to work in the school or in the school's food service.

**Income Eligible:** any child from a household whose current income is at or below the household size/income limits set forth in the Income Eligibility Guidelines (IEGs) is eligible for either free or reduced-price meals or free milk, as applicable. Such households MUST provide household size and income information on the application for free and reduced-price meals or free milk to enable school officials to compare the household information to the IEGs.

**IEGs (Income Eligibility Guidelines):** the household size and income levels prescribed annually by the Secretary of Agriculture for determining eligibility for free and reduced-price meals and for free milk.

**NSLP** (National School Lunch Program): program under which participating schools operating a nonprofit food service receive general and special cash assistance and donated food assistance in accordance with 7 CFR Part 210.

**Non-Pricing Program:** all meals are provided free to all enrolled students despite their eligibility status. Meals are claimed for reimbursement by the students' eligibility status.

**Overt Identification:** any act that openly identifies children as eligible for free or reduced-price benefits in the National School Lunch, School Breakfast or Special Milk Programs.

**Reduced-Price Meal:** a meal served under the National School Lunch or School Breakfast Program to a child from a household eligible for such benefits under 7 CFR Part 245. The price of this meal MUST be less than the full price of the meal and no more than 40 cents per lunch and 30 cents per breakfast. Neither the child nor any household member can be required to work in the school or in the school's food service to supplement the cost of the meal.

**RCCI** (Residential Child Care Institution): any distinct part of a public or nonprofit private institution which (1) maintains children in residence, (2) operates principally for the care of children and (3) if private, is licensed by the State or local government to provide residential child care services under the appropriate licensing code.

**SBP** (School Breakfast Program): program under which participating schools operating a nonprofit food service receive cash assistance in accordance with 7 CFR Part 220.

**School Nutrition Programs:** National School Lunch Program, School Breakfast Program, Special Milk Program and Commodity School Program.

**SFA (School Food Authority):** the governing body which is responsible for the administration of one or more schools and either has the legal authority to operate the Program in these schools or is otherwise approved by the Food and Nutrition Service to operate the Program.

**School Official:** a designated official who represents a governing body, (i.e., principal, superintendent or other administrators).

**SMP** (**Special Milk Program**): program under which participating schools operating a nonprofit milk program receive cash assistance for each half-pint of milk served in accordance with 7 CFR Part 215.

7 **CFR Part 245:** regulations governing the determination of eligibility for free and reduced-price meal benefits in the National School Lunch and School Breakfast Programs and for free milk in the Special Milk Program.

**Special Assistance Certification and Reimbursement Alternatives:** three optional alternatives for free and reduced-price meal application and claiming procedures in the National School Lunch and School Breakfast Programs. For further guidance, contact the Arizona Department of Education, Child Nutrition Programs.

**SA (State Agency):** Arizona Department of Education, Child Nutrition Programs.

**USDA** (United States Department of Agriculture): Federal agency designated by Congress to administer the National School Lunch, School Breakfast and Special Milk Programs.

#### PUBLIC ANNOUNCEMENT ABOUT BENEFITS

#### Public (Media) Release

- Near the beginning of the school year, an announcement MUST be made to notify the public of the availability of the NSLP, SBP, SMP and Food Commodity Program. The notice MUST include the eligibility criteria for free and reduced-price meals and/or free milk. The public announcement is provided by the Arizona Department of Education to the local news media.
- The SFA is required to submit a public/press release to local employment offices and major employers contemplating layoffs in the attendance area of the school.
- Copies of the public release MUST be made available upon request to any interested person.
- A sample public release for free and reduced-price meals is included in Appendix A.

#### Notice to Households (Parent Letter)

- A letter or notice notifying households about the availability of the school nutrition programs is to be distributed at the beginning of each school year. This letter is MUST also state the option of free and reduced-price benefits *and* an application form MUST be distributed to all households of children in attendance at the school. (See Appendix B.) The application should be distributed no earlier than July 1<sup>st</sup> and for schools starting later than July, the application should not be distributed no more than 30 days prior to the beginning of the school year.
- In schools participating in the NSLP, SBP, or Food Commodity Program, any notice to households must contain only the **reduced price** guidelines with an explanation that households with incomes at or below the reduced price limits are eligible for either free or reduced price meals.
- The letter/notice should be sent to households of all school children as early as possible in the school year so that eligibility determinations may be made and free and reduced-price benefits provided as soon as possible.
- New students enrolling in the SFA after the start of school should be provided a letter/notice and application form when they enroll.
- Schools participating in Special Assistance need only notify and certify households during the base year.
- School districts that implement direct certification must notify households that currently receive Food Stamps, Food Distribution Program on Indian Reservations (FDPIR) or Cash Assistance (CA) of their eligibility for their children to be provided with free benefits unless the family declines

such benefits. Households that receive Food Stamps or CA should only submit an application if they are not notified of their eligibility by the school.

#### Foreign Language Translations

- Where a significant number or proportion of the population eligible to be served in the SFA needs information in a language other than English, SFAs MUST make reasonable efforts, considering the size and concentration of such population, to send appropriate non-English language household letters/notices and application forms to such households. Appropriate forms are available from the State Agency. Also, the Food and Nutrition Service (FNS) web site contains additional samples of translated application material. www.fns.usda.gov/cnd
- Schools are encouraged to provide households with assistance in completing applications through the use of foreign language personnel.

#### FREE AND REDUCED-PRICE POLICY

#### Basic Requirement

- All schools participating in the federally-assisted National School Lunch and School Breakfast Programs MUST make available, as applicable, free and reduced-price lunches and breakfasts, and, at the option of the School Food Authority for schools participating in the Special Milk Program, free milk to eligible children.
- The basic free and reduced-price policy requirements consist of a permanent-policy statement, a public release, a parent letter and application, the School Food Authority's (SFA) collection procedures and the Income Eligibility Guidelines as issued by USDA.

#### Policy Statement

• Each SFA participating in the NSLP, SBP, or the SMP with the free milk option, MUST have an approved free and reduced-price policy statement on file at the SA.

#### Free and Reduced-Price Reimbursement

- The SFA or school MUST have a valid application on file for each child served a meal or milk meeting program requirements and which is claimed for Federal reimbursement at the free or reduced-price rate. A valid application is one which is complete and has been correctly approved for free or reduced-price benefits.
- The only exception is for RCCIs, which may document eligibility by other means. For more information on this process, see the RCCI Guidance manual or SFAs should contact the Arizona Department of Education, Child Nutrition Programs.

#### COLLECTION AND PROCESSING OF APPLICATIONS

#### Application Collection Procedures

- Income applications must be distributed no earlier than July 1<sup>st</sup> for each school year. Schools starting later than July should distribute their applications no more than 30 days prior to the beginning of the school year so that households are provided with current eligibility criteria and eligibility determinations are based on current household income.
- School officials MUST make families aware of the availability of free and reduced-price meals and may even request that households apply. However, school officials may not require that a household submit an application for free or reduced-price meal benefits.

#### Benefits Prior to Processing Application

- Prior to processing applications for the school year, the SFA may claim and be reimbursed for free and reduced-price meals or free milk served to (a) children from households with approved applications on file from the previous year, (b) new children in a SFA from households with children who were approved for benefits the previous year except that a child's categorical eligibility cannot be extended to a sibling and (c) previously approved children who transfer from one school to another under the jurisdiction of the same SFA. If the applications are not centrally maintained, both the sending and the receiving school MUST maintain a copy of the transfer student's application. Applications from the prior year may only be used for the children represented by these applications.
- Prior to processing applications for the school year, SFAs cannot claim or
  be reimbursed for free and reduced-price meals or free milk served to new
  children who are not part of households approved the previous year or to
  children who transfer between schools under the jurisdiction of different
  SFAs unless the receiving school obtains a copy of the prior year's
  application. Therefore, local school officials are encouraged to expedite
  eligibility determinations for all such new enrollees.
- Prior year's applications are only valid for the <u>first 30 operating days of the school year</u> (beginning with the first day of school). All applications must be turned over by this date. If a households eligibility changes from the previous school year, the change must go into effect immediately.

#### Application Processing Time Frame

• Applications should be reviewed and an eligibility determination made within 10 working days of the receipt of the application. Whenever possible, applications should be processed immediately, particularly for new students who do not have approved applications on file from the previous year.

#### Eligibility Criteria

- For a child to be eligible for free or reduced-price benefits, the child MUST have been directly certified or the household MUST submit a complete application *and* be either categorically eligible or income eligible.
  - <u>Complete Application</u> an application that contains all required information for making an eligibility determination as discussed below.
  - <u>Categorical Eligibility</u> a child for whom Food Stamps/CA, or FDPIR is received is automatically eligible for free meals or milk when the household submits a complete application as indicated below.
  - Children who are enrolled in Head Start Programs that meet the Head Start low-income criteria are also automatically eligible for free meal benefits. (See page 36 for additional information).
  - <u>Income Eligibility</u> a child from a household that submits a complete application, and the sum of the reported income for the household is at or below the eligibility limits stated in the IEGs, is eligible for either free or reduced-price benefits, as applicable.
- The determining official MUST review each incoming application to ensure that the household submitted a complete application. If the application is complete, the official MUST then determine whether the household is categorically eligible or income eligible for benefits. Applications for households that are neither categorical nor income eligible cannot be approved for benefits.

#### Citizenship

• U.S. citizenship is *not* a condition of eligibility for free and reduced-price benefits. SFAs MUST apply the same eligibility criteria for citizens, noncitizens and Federal Amnesty Program participants.

## Complete Application

- A complete application MUST include all the following required information before the determining official can make an eligibility determination:
  - For Food Stamp/CA/FDPIR households Required information to determine categorical eligibility:
    - 1. Name of the child,
    - 2. The child's Food Stamp/CA/or FDPIR case number and
    - 3. Signature of an adult household member.
  - <u>For non-Food Stamp/non-CA/non-FDPIR households Required information to determine income eligibility:</u>
    - 1. Name of child(ren)
    - 2. Names of *all* household members including the child for whom application is made;
    - 3. The current amount of monthly income received by each household member, identified by the individual who receives it, and the source of the income, such as wages, welfare and alimony;
    - 4. Signature of an adult household member; and
    - 5. Social security number of the adult who signs the application. If the household member does not have a social security number, the word NONE can be substituted for the social security number.
  - For foster children Required information to determine income eligibility:
    - 1. Name of the child,
    - 2. Child's personal income and
    - 3. Signature of an adult household member.

• Households with some children in the Food Stamp/FDPIR/CA household and others who are not:

If a child is not a member of a Food Stamp household, Cash Assistance unit, or FDPIR, but resides in a larger household with other children who are Food Stamp/CA/FDPIR recipients, the application for that child MUST include all the following information to establish income eligibility for that child:

- the names of all household members
- the social security number of either the adult who signs the application or the parent or guardian who is the primary wage earner responsible for the care of the child or an indication that the household member does not have a social security number
- the amount of income received by each household member identified by the individual who receives it
- the source (including the amount of any CA or other welfare grant)
- how often it is received
- the signature of an adult household member.

Food Stamp benefits are *not* counted as income. When the SFA uses a multi-child application, the application would include both the Food Stamp/CA/FDPIR case number(s) for the child(ren) who is/are categorically eligible and the household size/income information for the income eligible child(ren).

## Computation of Current Income

- Households MUST provide the amount of monthly income received, identified by the individual who received it, and where it comes from, such as wages, welfare, etc. *It is the responsibility of the determining official to compute the household's total current income and compare the total amount to the IEGs*.
- If only one income is given, compare that income to the relevant IEG for that timeframe.
  - Example: For a household of five that receives one paycheck each month, compare their income to the monthly IEG for a five-person household.
- If all incomes are received for the same timeframe, add all the incomes together and compare the total income to the IEG for that timeframe.
  - Example: If both parents in a family of three receive paychecks each week, add the two incomes together and compare the total to the weekly IEG for a household of three.
- Households may report incomes for different time periods (e.g., one monthly, one biweekly, one weekly). In this case, the determining official should convert all reported incomes to the same time period (such as all to a monthly amount), and total the incomes to determine total household income. The official MUST then compare this figure and the household size to the IEGs and determine the eligibility of the household.
- When a household is computing monthly income, the following conversions should be used
- To compute monthly income:

Every Week: Multiply the total gross income by 4.33.

Every Two Weeks: Multiply the total gross income by 2.15.

Twice a Month: Multiply the total gross income by 2.

• To compute annual income:

Every Week: Multiply the total gross income by 52.

Every Two Weeks: Multiply the total gross income by 26.

Twice a Month: Multiply the total gross income by 24.

#### Application Approval or Denial

• The SFA MUST not delay approval of the application if the household fails to provide any non-required information; for example, the household does not complete the racial/ethnic identity question.

#### Categorically Eligible (Food Stamp/CA/FDPIR):

- Households that submit a complete application, which includes a valid Food Stamp/FDPIR or CA case number for the child for whom application is made, MUST be approved for free benefits.
  - School officials should contact local Food Stamp/FDPIR and CA officials if there is any doubt concerning the validity of a case number.

#### Income Eligible (non-Food Stamp/non-CA/non-FDPIR):

- Households that submit a complete application indicating that total household income is at or below the income limits for free or reducedprice benefits MUST be approved for free or reduced-price benefits, as appropriate.
- Households that submit an incomplete application cannot be approved. If any *required* information is missing, the information MUST be obtained before an eligibility determination can be made.
  - To get the required information, the school may return the application to the household or contact the household either by phone or in writing. The determining official should document the details of the contact, and date and initial the entry. **Exception:** If the application is missing the signature of an adult household member, the application MUST be returned to the household. In signing the application, the household member is certifying that the information on the application is true and correct.
  - Every reasonable effort should be made to obtain the missing required information prior to denying the application.
- Households that are not categorically eligible or income eligible cannot be approved for benefits.
- If there are inconsistencies or any questions concerning the required eligibility information provided, the household's application MUST be denied, unless the inconsistencies or questions are resolved. The official may contact the household prior to denial, document the details of the contact, and date and initial the entry.

#### Temporary Approval

- When a household reports zero income or a temporary reduction in income, eligibility MUST be determined based on the present rate of income rather than on regular annual income. However, the approving official should issue temporary approval of the application.
- The time frame for a temporary approval may vary depending on the household's circumstances.
  - For example, the primary wage earner expects to return to work in two weeks. The temporary approval may be for a shorter time than if the primary wage earner has lost his or her job and has no prospects for a new one.
- A maximum time limit for temporary approval is 45 calendar days. At the end of the approval period, the school should contact the household to determine if the household circumstances have changed (See Appendix D). Such follow-ups should not grant extra "temporary" approvals to the household unless the household or collateral contacts provide reasonable explanations and documentation that account for a household's ability to manage without any source of income. An applicant's statement that the household's circumstances have not changed since the original application is not sufficient to grant continuing eligibility.
  - Example: If a family is living in a homeless shelter, after 45 days they must provide documentation on how they are surviving on zero income to receive an extension.
- The USDA does not consider the subsequent re-applications following temporary approval to be new applications. The sponsor can thus require the household to provide income documentation at the time of reapplication, if necessary.
  - Example: If a household declares what the school official considers unreasonably low income (e.g., \$1.00) just to declare some income, the school official should use his or her own discretion to question the information.
- When the temporary approval is extended, a follow-up should be included. If the household circumstances have changed, the school should send a new application to the household so that they may reapply for benefits; or document the household's current income or Food Stamp/CA number on the application, initial and date the changes. **Exception**: Zero income on an application for a foster child or institutionalized child is acceptable and may be approved for the school year.

- Eligible children should receive temporary approval in the following types of economic situations:
  - Temporary layoffs
  - Strikes (voluntary work stoppage)
  - Temporary receipt of public assistance (in cases where the application specifies receipt of public assistance for a limited time)
  - Zero income, for whatever reason (except foster children and institutionalized children)
  - Temporary disability
- TEMPORARY APPROVAL MUST BE FOLLOWED UP IN 45 DAYS.

#### Households That Fail to Apply

School officials may complete an application for a student *known to be eligible* if the household fails to apply.

- When exercising this option, the school official MUST complete an application on behalf of the student based on the best household size and income information available and make an eligibility determination. The source of the information MUST be noted on the application. A household social security number, household names and signature of an adult household member need not be secured. These applications should be excluded from verification. However, the household MUST be notified that the student has been certified and is receiving free or reduced-price benefits.
- This option is intended for limited use in *individual* situations and must not be used to make eligibility determinations for categories or groups of students.

#### Children Residing in Homeless Shelters

- When an application is not submitted by the household or it is not anticipated that an application will be submitted, it is acceptable for the director of the homeless shelter at which the child resides to complete and submit an application for the child; or, a school official may complete an application for a child and approve the child for free meals based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless.
- If it is not practical for the school official to complete individual applications because of large numbers of homeless children or for some other reason, documentation to substantiate free meal eligibility may consist of a list containing the following information:
  - Child's name
  - Effective date of eligibility
  - Date of withdrawal from school or change in eligibility
  - Residence (shelter, etc.)
  - Signature of determining official
- Because the homeless population is often transient and family circumstances may change, when using a list to document eligibility it is particularly important that the list be updated as changes occur. The eligibility list must be kept current by removing the names of children who have left the school or institution or whose circumstances have changed and by adding new names as children arrive.

#### Notification of the Eligibility Determination

- Notification of the eligibility determination refers only to pricing programs.
- All households MUST be notified of their eligibility status.
- Households *denied* benefits MUST be given written notification of the denial. The notification MUST advise the household of
  - the reason for the denial of benefits,
  - the right to appeal,
  - instructions on how to appeal, and
  - a statement that households may reapply for free and reduced-price benefits at any time during the school year.
- See Appendix E for a sample notification letter.
- The notification letter of approval for free or reduced-price meals can be used to advise parents that their children may be eligible for other benefits. Once notified, the parent may choose to bring the notification letter to the school or an agency to show that the student has been approved for free or reduced-price meal benefits.

#### Changes in Household Circumstances

- If approval for benefits was based on income and household size, the household MUST report increases in income of over \$50 per month or \$600 per year and any decreases in household size. When a household reports such changes, the SFA MUST review the information, make any appropriate change in eligibility and notify the household.
- If approval was based on receipt of Food Stamp/FDPIR or CA benefits, the household MUST report when it no longer receives benefits for the child. A household reporting such a change and wishing to continue benefits for the child MUST complete a new application and provide household size/income eligibility information, as well as a social security number for either the adult household member who signs the application or that of the primary wage earner responsible for the care of the child. The determining official MUST review the information, make an eligibility determination and notify the household of the determination.

#### Eligibility Changes

- For eligibility changes resulting in a decrease in benefits, the family MUST be notified that benefits will stop on the tenth day from the date the Notification of Adverse Action is sent (Appendix O). If the family appeals the decision, benefits must continue until the hearing makes the final decision official.
- For eligibility changes resulting in an **increase** in benefits, the eligibility change should be made as soon as possible, but no later than three operating days from the date the determining official documents the change. The family should be notified of this increase in benefits can be informed though the Notification of Adverse Action letter (Appendix O).

#### **Appeals**

 A household may appeal the denial of benefits or the level of benefits for which they have been approved. When a household requests an appeal, the hearing procedures outlined in the SFAs free and reduced-price policy statement MUST be followed. Hearing requirements are described in Free and Reduced Policy Statement, Appendix F.

#### Record-Keeping

- All free and reduced-price applications, including applications from households denied benefits and inactive applications, MUST be kept on file for a minimum of **five** years after the end of the fiscal year to which they pertain. However, if audit findings have not been resolved, the applications MUST be maintained as long as required for resolution of the issues raised by the audit. Schools that contract with a food service management company must keep records for a minimum of five years. Schools that are on Special Assistance must keep records from their last base year throughout the length of the non-base year cycle.
- For applications from households approved for benefits, the determining official should indicate the date each application is approved and the level of benefit for which each child is approved, and sign or initial the application. At this time the student's name is added to the roster, or list of eligible students, to be used at the point of service.
- For applications from households denied benefits, the determining official MUST identify and retain on file the reasons for the denial. Records should also include the date of the denial, the date the denial notice is sent and the name of the determining official. These may be noted directly on the application.
- For changes in application status, determining officials should note the change and the date of the change on the application and on any rosters used. When a child transfers to another school within the same school-food authority, a copy of the application MUST be retained at both the sending and receiving schools if not centrally maintained and the date of the transfer noted. Current applications MUST be on file and there MUST be records to support transfers in and out of the school.
- When a student is withdrawn from school, the date of withdrawal should be noted on the application and the roster.
- When a student re-enters the same school, the original application on file
  may be used for the rest of the school year, and until applications are
  processed the following school year. At this time, the roster must be
  updated.
- Applications must be retrievable by school. It is the SFAs responsibility
  to set up a system to retrieve applications, if they are maintained in a
  central office. It is helpful if applications are categorized in the following
  five categories:
  - 1. Free
  - 2. Reduced-price
  - 3. Denied
  - 4. Temporary approval
  - 5. Withdrawn

• The SFA MUST ensure that changes in eligibility status and transfers in and out of the school are accurately reflected on each school's roster in a timely fashion, such as three operating days.

#### Computer Generated Rosters

 Computer generated rosters may be used for record of determination and verification of meal benefits. The roster printouts must include the child's name, date of eligibility, category of benefits, denials, withdrawals, transfers and verification results. The rosters should be run periodically, perhaps every day at the beginning of the school year and then once a month. The run date and determining official's signature must be entered on each roster.

#### Multi-Use Application

- A multi-use application (Appendices B-5, B-6, B-7 and B-8) may be used by schools that wish to provide needy children eligibility to other educational programs and benefits. To protect the household's rights to privacy while allowing the application to be used for more than the school nutrition programs, the application must allow the household to specifically waive the right to confidentiality according to the following guidelines:
  - 1. The waiver must advise the household that the information provided on the application will be used for eligibility determinations for programs other than school nutrition programs.
  - 2. The waiver must precisely identify the agencies the information will be shared with and for what purposes.
  - 3. The application must state that the signing of the waiver must not be construed by the applicant or the program administrator as an additional requirement or a prerequisite for participation in any of the school nutrition programs.
  - 4. The applicant must be able to limit the waiver to encompass only those programs to which he or she wishes to apply. For example, the application could use a check-off system under which the applicant would check or initial a box to indicate that he or she wants to apply for benefits from a particular program.
  - 5. Although the application for school meals or milk may be signed by any adult household member, the application must state that the parent or legal guardian for the child must sign the waiver of confidentiality.
  - 6. The social security number notice required by the Privacy Act of 1974 must be modified. In addition to the current statement, applicants must be informed that while other programs on the multi-use application may not require social security numbers as a

condition of eligibility, once provided, the social security number may be used by the other programs. If any other program plans to use social security numbers for any purpose, a statement of those uses must be included.

7. The SFA must ensure, in writing, that entities receiving information from the multi-use application limit the use of such information to the purposes specified on the application. This may be done through a Memorandum of Understanding with the agency or agencies, which will receive the information. This is to ensure that the household's rights to privacy are respected by using the information only for the purposes agreed to.

OTHER PROGRAMS USING THE MULTI-USE APPLICATION MAY NEED ADDITIONAL OR FOLLOW-UP INFORMATION. THIS SHOULD BE DONE OUTSIDE OF THE MULTI-USE APPLICATION.

- In lieu of the multi-use application, the notification letter can be taken by the family to any program which provides benefits to children eligible for free or reduced-price meals. In this case, the family is choosing to share their school meal program eligibility status with the other program.
- Households submitting direct certification forms do not have the option of selecting other available benefits. The SFA should make accommodations for those households interested.

#### CONFIDENTIALITY / DISCLOSURE OF ELIGIBLITY INFORMATION

#### General

- SFAs may disclose children's free and reduced-price meal eligibility information to programs, activities and individuals that are specifically authorized access under the National School Lunch Act (NSLA). This is an option, not a requirement.
- The agency responsible for making the free and reduced-price meal or free milk eligibility determination makes the decision on whether or not children's information will be disclosed. This will be the SFA or the school administration.
- The SFA may disclose aggregate information to any program or individual, such as the number of children eligible for free or reduced-price meals. Information in the aggregate does not identify individual children. Therefore, parental notification and parental consent are not needed.

USDA authorizes school food service officials to disclose the **names and eligibility status** of individual children eligible for free or reduced-price meals to persons directly connected with the administration or enforcement of the following programs:

- 1. **Federal education programs**: These would be programs funded at the federal level and would include, but not limited to, programs such as Title I and the National Assessment of Educational Progress (NAEP), migrant education, vocational programs such as those sponsored by the Job Training Partnership Act (JTPA), Indian Education (Title IX, Part A), and Johnson-O'Malley Program (JOM).
- 2. **State health or State education programs**: These would be programs funded at the state level, with the state agency or local education agency administering the program. These may include the Arizona School Based Dental Sealant Program, alcohol and drug abuse education programs, or vision, immunization and mental health services. This would **not** include <u>local</u> education programs such as art programs that wish to provide free art supplies to free/reduced eligible students. Parental consent must be provided for such local education programs.
- 3. **Federal, State, or local means-tested nutrition programs**, such as the Women, Infants and Children Program (WIC) and the Food Stamp Program.

<u>Please Note:</u> Limited disclosure includes *names and eligibility status* only (other application information cannot be shared, such as income information and social security numbers).

It is also important that any program requesting eligibility information must be able to show proof of services that will be provided to those children eligible.

USDA does not require State Agencies and program operators to share information, but provides authority for those who wish to do so.

Furthermore, disclosing all eligibility information MUST be in accordance with the NSLA. In addition to names and eligibility status, determining agencies may disclose, without consent, all eligibility information obtained through the free and reduced price meal or free milk eligibility process to the following:

- Persons directly connected with the administration or enforcement of the programs authorized under the NSLA or Child Nutrition Act of 1966. This includes the National School Lunch Program, School Breakfast Program, Special Milk Program, Child and Adult Care Food Program, Summer Food Service Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- 2. The comptroller General of the United States for purposes of audit and examination.
- 3. Federal, State or local law enforcement officials investigating alleged violations of any of the programs under the NSLA and CNA or investigating violations of any of the programs authorized to have access to names and eligibility status discussed above.
- Although the aforementioned program(s) and/or person(s) may be authorized under the NSLA to receive free and reduced-price eligibility information, there MUST be a legitimate *need to know* to provide a service or carry out an authorized activity.
- Any other program(s) that may request limited disclosure of student free and reduced-price eligibility information MUST obtain written consent from the household to release the information. These programs would include local health and local education programs, such as free textbooks, art supplies or reduced fees for summer school administered at the local level. If a school does not use a multiuse application listing the possible entities to share this information, then a consent must be obtained in writing prior to the limited disclosure to those programs

Parental Notification about Eligibility Disclosure

The notification must inform the parents/guardians:

- that they are not required to consent to the disclosure and their decision will not affect eligibility or participation in the school meals program,
- identify the information that will be shared and how the information will be used,
- signed and dated by the parent/guardian of the child applicant,
- indicate that information will not be shared by the receiving program with any other entity or program,

- and the parent/guardian must be able to limit consent to only those programs with which he or she wishes to share information.
- The notification may be included in the letter/notice to parents/guardians that accompanies the free and reduced-price meal or free milk application, on the application itself or in a separate notice provided to parents/guardians. For children who are determined eligible through direct certification, the notice of potential disclosure may be in the document informing parents/guardians of their children's eligibility for free meals through direct certification.

## Agreements of Understanding

- An agreement is not needed for Federal, State or local agencies evaluating or reviewing Child Nutrition Program (CNP) operations. Similarly, an agreement is not necessary for disclosures to the Comptroller General. These activities are part of routine CNP operations and enforcement.
- The SFA should enter into a written agreement with other entities requesting the information prior to disclosing children's eligibility information

The agreement should contain the following information:

- be signed by both the SFA and receiving entity;
- identify the entity receiving the information;
- describe the information to be disclosed and hot it will be used;
- describe how the information will be protected from unauthorized users and disclosures:
- describe the penalties for unauthorized disclosure; and be signed by both the determining agency (i.e. SFA) and the entity receiving the children's eligibility information.

In all cases, the receiving entity MUST be informed in writing that:

- eligibility information may only be used for the purpose for which the disclosure was made;
- further use or disclosure to other parties is prohibited; and
- a violation of this provision may result in a fine of not more than \$1000 or imprisonment of not more than 1 year, or both.

#### See Appendix U for a sample agreement.

Other
Disclosures
that Require
Parental
Consent

 Children's parents or guardians may always provide consent for the disclosure of any or all of the information related to their children's eligibility status (i.e. whether children are eligible for free or reducedprice meals), or the information that the household provided through the free and reduced-price meal eligibility process.  A disclosure to any other Federal, State or local program or individual not included in the NSLA requires parental consent. Other programs that require parental consent are local health and local education programs and other local level activities.

For example, the disclosure of children's eligibility for free and reduced price meals to determine children's eligibility for free text books or reduced fees for summer school requires consent when these are local initiatives and not State programs, unless a multi-use application has been instituted.

• The disclosure of information other than names and eligibility status to the programs authorized only to receive participants' names and eligibility status also requires written consent.

For example, determining agencies may disclose names and eligibility status to a Federal education program, but if the program requests family size, determining agencies MUST obtain consent prior to disclosure.

#### Consent Statement Requirements

- The Consent Statement MUST:
  - be in writing. It may be obtained at the time of application, or at a later time
  - Identify the information that will be shared and how the information will be used.
  - Be signed and dated. In the case of a child participant, the consent statement MUST be signed by the parent or guardian of the applicant household, even though the application for free and reduced-price meals or free milk may be signed by any adult household member.
  - State that failing to sign the consent statement will not affect eligibility or participation for the program and that the information will not be shared by the receiving program with any other entity or program.
  - Enable the parent/guardian/adult to limit consent to only those programs with which he or she wishes to share information.

    For example, the consent statement could use a check-off system under which the applicant would check or initial a box to indicate that he/she wants to have information disclosed to determine eligibility for benefits from a particular program.

#### Requirements for Disclosure of Social Security Numbers

- The free and reduced-price application requires the social security number of the adult household member who signs the application.
- However, when disclosing or using the social security number provided by
  the household on the application for any purpose other than the program
  for which the number was collected (i.e. NSLP, SBP etc.), the
  determining agency MUST modify the notice required by the Privacy Act
  of 1974 concerning the potential uses of the social security number. The
  notice MUST inform households of the additional intended uses of the
  number.

#### Penalties for Improper Disclosure

• The NSLA establishes a fine of not more than \$1000 or imprisonment of not more than 1 year, or both, for publishing, divulging, disclosing, or making known in any manner or extent not authorized by Federal law, any eligibility information. This includes the disclosure of eligibility information by one entity authorized under the NSLA to receive the information to any other entity, even if that entity would otherwise be authorized to receive the information directly from the determining agency.

The issues of privacy and confidentiality of personal data is often complicated as well as sensitive. If there is any question as to whether free and reduced price information should be shared with another agency or program, please contact the office of child nutrition programs at 602-542-8700 or discuss this issue with your school district's legal counsel.

#### **INCOME ELIGIBILITY**

#### General

To determine income eligibility for benefits, school officials MUST compare the household size and the total household income to the IEGs. School officials may be asked by households for guidance who to include as a household member or what to include as income on the application for benefits. Although school officials may have to use their own discretion in some instances, the following guidelines are intended to provide assistance in answering questions from households and in making income eligibility determinations.

#### Determining Household Size

- Household (Family) a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit.
- Economic Unit a group of related or unrelated people who share housing and/or all significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating of expenses and economic independence from one another.
- <u>Household of One</u> a one-person household. This term applies to an emancipated student living alone or as a separate economic unit, a foster child and an institutionalized child.

### Adopted Child

• An adopted child for whom a household has accepted legal responsibility is considered to be a member of that household. Subsidies received by households that assist them in caring for these children must be included as household income.

#### Child Attending an Institution

• A child who attends but does not reside in an institution is considered a member of the household in which he/she resides.

## Child Away at School

• A child who is temporarily away at school (e.g., attending boarding school or college) should be counted as a member of the household.

## Child Living with One Parent, Relative or Friends

• In cases where no specific welfare agency or court is legally responsible for the child, or where the child is living with one parent, other relatives or friends of the family, the child is considered to be a member of the household with whom he/she resides. Children of divorced or separated parents are generally part of the household that has custody.

#### **Joint Custody**

• In cases where joint custody has been awarded and the child physically changes residence, the child is part of the household where he/she resides. Therefore, the child's eligibility could change monthly, weekly or even daily depending on the rotating time periods at each household. The SFA must develop a mechanism to ensure that the child receives the benefits to which the child is entitled during periods of eligibility.

## **Emancipated Child**

• A child determined to be emancipated by the State and living alone or as a separate economic unit is considered a household of one. In some cases, an emancipated child may be living with relatives or friends, none of whom is an adult. If the household is one economic unit, all income and household members MUST be included to determine eligibility. Age is not a factor in defining an emancipated child.

#### Foreign Exchange Student

• A foreign exchange student is considered a member of the household in which he/she resides, i.e., the household hosting the student.

#### **Foster Child**

• A foster child is a child who is living with a household but who remains the *legal responsibility* of the welfare agency or court. Such a child is considered a household of one.

### Institutionalized Child

 An institutionalized child is a child who resides, temporarily or permanently, in a residential-type facility, which the State has determined, is not a boarding school. Such a child is considered a household of one. The application must be signed by an official representative of the institution.

#### **Homeless Child**

 An application for a homeless child may be approved for free meals based solely on the determining official's knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless.

### Family Members Living Apart

Family members living overseas or not living with the household for an
extended period of time are not considered members of the household
for purposes of determining eligibility, but any money made available
by them or on their behalf for the household is included as income to the
household. Family members living apart on a temporary basis are
considered household members.

## **Determining Household Income**

• Reportable Income - Income is any money received on a recurring basis, including *gross* earned income, unless specifically excluded by legislation. Specifically, gross earned income means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums and bonds. Income includes the following:

#### - Earnings from work

Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, workers' compensation

#### - Welfare/Child Support/Alimony

Public assistance/welfare payments (CA, Aid to Dependent Children [ADC], General Assistance, General Relief, etc.); alimony or child support payments; BUT NOT FOOD STAMP BENEFITS

Payments from Pensions, Retirements, Social Security
 Pensions, retirement income, social security, supplemental security income and veteran's payments

#### - Any Other Income

Net rental income; annuities; royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the child(ren)'s meals

#### Current Income

- Household's MUST report *current* income on a free and reduced-price application.
- Current income means income received by the household during the month prior to application. If this income is higher or lower than usual and does not fairly or accurately represent the household's actual circumstances, the household may project its annual income based on the guidelines identified below.

### Projected Income for Seasonal Workers and Others

Seasonal workers, such as migrants, and others whose incomes fluctuate
usually earn more money in some months than in other months.
Consequently, the previous month's income will commonly distort the
household's actual circumstances. In these situations, the household
may project its annual rate of income and report this amount as its
current income. If the prior year's income provides an accurate
reflection of the household's current annual rate of income, the prior year
may be used as a basis for the projected annual rate of income.

### Income for the Self-Employed

- Self-employed persons may use last year's income as a basis to project their current year's *net* income, unless their current net income provides a more accurate measure.
  - Self-employed persons are credited with net income rather than gross income as described here. Net income for self-employment is determined by subtracting business expenses from gross receipts.
    - Gross receipts include the total income from goods sold or services rendered by the business.
    - Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, and business taxes (*not* personal federal, state or local income taxes).
    - Non-deductible business expenses include the value of saleable merchandise used by the proprietors of retail businesses.
    - Net income for self-employed farmers is figured by subtracting the farmer's operating expenses from the gross receipts.
    - Gross receipts include the value of all products sold, money received from the rental of farmland, buildings or equipment to others, and incidental receipts from the sale of items such as wood, sand or gravel.
    - Operating expenses include cost of feed, fertilizer, seed and other farming supplies; cash wages paid to farmhands; depreciation charges; cash rent; interest on farm mortgages; farm building repairs; and farm taxes (but not local, state and federal income taxes).

### Income from Wages and Self-Employment

• For a household with income from wages and self-employment, each amount MUST be listed separately. When there is a business loss, income from wages may *not* be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income.

#### Military Benefits

- Military benefits received in *cash*, such as housing allowances for military households living off base Family Subsistence Supplemental Allowance (FSSA) and food or clothing allowances, MUST be considered as income. An in-kind benefit, such as on-base housing, where the household receives no money, is not counted.
- Regarding privatized on-base military housing, schools must follow the standard policy for all households applying for meal benefits. That is, if the household receives money for housing, it must be counted as part of the household income. For all households applying for meal benefits, the total gross income must be considered regardless of whether a portion is directed to specific purposes such as housing.

# Foster Child's Income

- Only the child's income is considered for eligibility purposes. The child's income includes:
  - Funds provided by the welfare agency which are specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs, are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income
  - Other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child's family for personal use

# Institutionalized Child's Income

 Payments from any source directly received by the institution on a child's behalf are not considered as income to the child. Only the income a child earns from full-time or regular part-time employment and/or personally receives while in residence at the institution is considered as income.

## Child's Income

• The earnings of a child who is a full-time or regular part-time employee MUST be listed on the application as income. However, occasional earnings, such as income from occasional baby-sitting or mowing lawns, should not be listed on the application as income.

# Alimony and Child Support

 Any money received by a household in the form of alimony or child support is considered as income to the receiving household. However, any money paid out for alimony or child support may not be deducted from that household's reported gross income. Any alimony or child support payments received by the household MUST be included as household income.

# **Lump Sum Payments**

• Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that MUST be replaced, such as payment from an insurance company for fire damage to a house, or they may be payments from lottery or other winnings. When lump sum payments are put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

# Garnished Wages and Bankruptcy

• Income is the gross income received by a household before deductions. In the case of garnished wages and income ordered to be used in a specified manner, the total gross income MUST be considered regardless of whatever portions are garnished or used to pay creditors.

#### Income Exclusions

- Income *not* to be reported or counted as income in the determination of a household's eligibility for free and reduced-price benefits includes
  - any cash income or value of benefits a household receives from any federal program that excluded such income by legislative prohibition, such as the value of Food Stamps provided under the Food Stamp Program;
  - **student financial assistance** provided for the costs of attendance at an educational institution, such as grants and scholarships, awarded to meet educational expenses and not available to pay for meals;
  - **loans**, such as bank loans, since these funds are only temporarily available and MUST be repaid;
  - the value or cash payment for any child care provided or arranged under the Child Care and Development Block Grant;
  - the value of **in-kind compensation**, such as military on-base housing, housing for clergy or any other non-cash benefit;
  - payments received under the Job Training Partnership Act (JTPA); and
  - occasional earnings received on an irregular basis, i.e., not recurring, such as payment for occasional baby-sitting or mowing lawns.

#### **CATEGORICAL ELIGIBILITY**

# Application Requirement

- A child from a household currently certified to receive Food Stamps, FDPIR (Food Distribution Program on Indian Reservations) or from a CA (Cash Assistance) unit is categorically eligible for free benefits.
- children enrolled in a Head Start program as a participant as part of the "funded enrollment," or meeting the Head Start low-income criteria, are eligible for free meal benefits. Head Start, created in 1965, is a federally funded preschool program that provides comprehensive services for low-income children from ages 3 to 5 and their families. Services include 1) high quality early child education 2) nutrition and health education, 3) social services and 4) a strong focus on parent involvement. A newer program, Early Head Start, was initiated in 1995 and provides the same type of comprehensive services to children from birth to age three.

#### Acceptable documentation for children enrolled in Head Start:

- Head Start statement of income eligibility issued upon initial enrollment. If the statement is readily available to the official at the foodservice organization who determines eligibility for free meals, no further action is necessary.
- In those cases where the statement is not readily available (e.g., programs where the food service and Head Start program are administered by separate entities), then the food service determining official must obtain documentation. This can be a list of names of the income eligible Head Start children and a statement certifying that those children "are currently enrolled as participants in the program based on a determination that the children are from households that meet the low-income criteria." It also must include the signature of a Head Start employee authorized to provide certification.
- Children who participate in Head Start but are not determined to be income eligible (i.e. special needs children) or who participate in a State-funded Head Start program, need to complete a free and reducedprice income application in order to be considered eligible for meal benefits.
- A child enrolled in an **Even Start** program is eligible for free benefits. Even Start is a program that supports family literacy services for parents and children, primarily from birth through age 7. The program combines early childhood education, child literacy, adult literacy and parenting education into a unified family program to help break the intergenerational cycle of poverty and low literacy in the nation. The income criteria for this program meets the criteria of free eligibility for the National School Lunch Program; therefore, the Food Service director does not need a Free and Reduced-Price application from the parents/guardian.

#### Acceptable documentation for a child enrolled in Even Start:

- The child MUST be enrolled as a participant in a *Federally*-funded Even Start Family Literacy Program and MUST be at the pre-kindergarten level.
- Categorical eligibility DOES NOT apply to other family members.
- A statement of enrollment from an Even Start official needs to be on file with the Food Service director
- Documentation of a child's participation in a *Federally*-funded Head Start or Even Start program is required to establish categorical eligibility for free meals in the NSLP or SBP, or for free milk in the SMP. Confirmation that the child has not yet entered kindergarten MUST be included in the documentation from the Even Start official.
- SFAs MUST provide a household applying for free and reduced-price meals for their child the opportunity to indicate on the application that the child is categorically eligible for free benefits.
- When a household submits a complete application that contains the name of the child, a current Food Stamp/CA or FDPIR case number and the application contains an adult signature, the determining official MUST approve the child for free meals or free milk, as applicable. No further application information is required.

NOTE: Social security numbers are not used for Food Stamp/CA case numbers. Food Stamp/CA case numbers are eight (8) digits and may be preceded by two (2) or more zeroes. On some correspondence the zeroes may be dropped.

FDPIR numbers vary by tribal program.

#### Direct Certification

- Direct certification is a simplified method of determining some children's eligibility for free meals under the NSLP, SBP or free milk under the SMP; without having the family complete a free and reduced-price meal or free milk application.
- A legislative provision now allows the SFA to determine a child as
  eligible for free meals or free milk based on information obtained
  directly from the Arizona Department of Economic Security (DES) that
  a child is a member of a household currently certified to receive Food
  Stamps or an assistance unit currently certified to receive CA benefits.
- The Food Stamp/CA caseworkers will tell their clients during the interview process that if they qualify for CA or Food Stamp benefits, they will receive the "School Meal Programs" direct certification notification confirming their eligibility for school meals (Appendix G). The caseworker will explain that this notice should be sent to the school and that additional copies are available from DES, or they may be photocopied.
- Food Stamp/CA "School Meal Programs" forms will be mailed each August for all program participants eligible at that time.
- When a Food Stamp or CA household brings in the "School Meal Programs" form they are automatically eligible for free meals, an income application is not necessary.
- All children under Direct Certification MUST have the names typed.
  No hand-written names will be accepted. The school may write the
  grade and name of the school on the DES form. Additional names may
  not be added to the DES form
- The "Notification of Approval" to parents does not need to be sent to those households submitting the "School Meal Programs" direct certification form.
- The family is responsible for reporting to the school if they are no longer eligible for Food Stamp/CA benefits.
- When distributing income applications, schools must distribute them to ALL students. This practice helps to prevent overt identification and to ensure that no child is inadvertently excluded from participation.

- It is recommended to date stamp all "School Meal Programs" direct certification notices when received. School officials must ensure the form has the most current certification information and the current school year.
- After the initial DES mailing in August, caseworkers will generate forms for new applicants through their computer. If there is any question about a form generated by DES, contact your assigned specialist.
- Since children's eligibility for free meals or free milk is based on documentation obtained from Food Stamp, FDPIR or CA officials, verification of eligibility is not required for children who have been certified under direct certification procedures.

## Required Documentation

- Documentation to establish children's eligibility for free meals under direct certification, and to substantiate claims for reimbursement, must include the following:
  - Names of children currently certified to receive Food Stamps/FDPIR/CA;
  - A statement certifying that each child is a member of a Food Stamp, FDPIR or CA household.
  - At least one piece of identifying information that will match each child with a child attending a particular school. Examples of identifiers include:
    - children's birth dates
    - addresses
    - parent's names
    - social security numbers
  - The date;
  - The signature of a Food Stamp/CA or FDPIR official. In cases of form letters to households or direct computer matches which may not include the official's original signature, sufficient documentation MUST correspondence or a written agreement between the Food Stamp, CA or FDPIR office and the SFA setting out or confirming the manner in which school food officials would be provided the children's Food Stamp, CA or FDPIR status
- The documentation MUST be retrievable by school to ensure proper delivery of benefits and to allow substantiation of the number of children eligible for free meals or milk.

# Information Provided to the Household

 SFA's MUST ensure that families receive either a direct certification letter or an application for free and reduced-price school meals. SFA's that distribute the letter or notice and application through the mail, individual student packets, or other method that prevents the overt identification of children eligible for direct certification; are not required to distribute the letter or notice and application at the beginning of the school year to those households eligible under direct certification. Under this option, households eligible under direct certification will receive a letter notifying them that their children are eligible for free benefits, and other households will receive a parent letter or notice with an application form.

# **Delivery of Benefits**

- The SFA MUST provide benefits promptly. Eligible students may receive benefits immediately and the SFA may assume consent if refusal has not been received by a certain number of days, as determined by the SFA.
- If the household refuses benefits, the SFA MUST discontinue benefits immediately and document the refusal.
- Benefits MUST be discontinued as soon as possible if the household notifies the school that they decline benefits or that the household is no longer eligible to receive Food Stamps, CA or FDPIR benefits.

#### **SPECIAL ASSISTANCE**

#### **Provision 1**

• Schools with at least 80 percent of enrolled children determined eligible for free or reduced-price meals may apply for Special Assistance, Provision 1. When authorized, the school may reduce annual certification and notification for those children eligible for free meals to once every *two* consecutive school years.

#### **Provision 2**

• Schools may apply for Special Assistance, Provision 2. When authorized, the school may reduce annual certification and notification for free and reduced-price meals to once every *four* consecutive school years. Schools in Provision 2 MUST be non-pricing throughout the four-year cycle.

#### **Provision 3**

• Provision 3 allows schools with high percentages of children eligible for free and reduced price meals to certify eligibility and reduce annual certification and notification to once every *five* years. Schools must be non-pricing during the last four years of the cycle.

Prior approval must be given by the Arizona Department of Education, Child Nutrition Programs before schools are eligible for Special Assistance. For more information about Special Assistance, please refer to the Special Assistance Guidance Manual. Or contact the Arizona Department of Education, Child Nutrition Programs, for further information.

#### **QUESTIONS AND ANSWERS**

#### Letter/Notice to Households and the Application

- 1. Q: How do I handle the distribution of applications for year-round schools?
  - A: Applications should be distributed no earlier than July 1 for each school year. This is to ensure that households provided current eligibility criteria and eligibility determinations are based on the current income eligibility guidelines.
- 2. Q: May I provide applications at the end of the school year for parents to return at the beginning of the next school year?
  - A: No. Households MUST be provided with the income application and other eligibility criteria on or about the beginning of the school year. Income applications may be distributed and approved once the NSLP renewal has been approved.
- 3. Q: May I distribute applications in the lunch line?
  - A: This is not recommended. If the application is distributed in the lunch line, all students may not have access to the application.
- 4. Q: May I distribute the applications to the children or do I have to mail them to the parents? May I announce that applications are available in the principal's office for any child or parent who wants one?
  - A: The school may distribute the applications to the children. They do not have to be sent in the mail. For example, the school could include the application in a packet of school-related information addressed to the parent, but carried home to the parent by the student at the beginning of the school year. Applications MUST be distributed in some manner. A public announcement that applications are available and interested parties may pick one up is not sufficient.
- 5. Q: Must I send applications to children who were approved last year?
  - A: Schools are required to distribute applications no earlier than July 1<sup>st</sup> of each school year to all children in attendance at school. Schools starting later than July should distribute their applications no more than 30 days prior to the beginning of the school year. This requirement is designed to ensure that current annual income and household size are correctly represented each year. The only exception to this requirement is afforded to schools that elect to participate in the Special Assistance certification and reimbursement alternatives. (See section on Special Assistance, page 45.)
- 6. Q: In a computerized operation, may I submit a pre-printed copy of last year's application for the household to confirm the accuracy of the application and sign it? If not, what items may I pre-print?

- A: It is the household's responsibility to complete the application. A school may send households an application with the child's name, the name of the household and the household's address pre-printed on it. No other information may be pre-printed.
- 7. Q: Do I have to provide foreign language translations of the application and household letter/notice if I have translators available to assist the households in completing the application?
  - A: SFAs MUST send appropriate non-English language parent letters and application forms to households if a significant number of enrolled children come from households belonging to the same foreign language group and having limited English communication skills. If the number of non-English language households is not significant, the SFAs need not provide foreign language translations. Such SFAs are, however, encouraged to provide assistance in filling out applications through the use of foreign language personnel.

#### **Processing Applications**

- 8. Q: How much judgment or discretion may a SFA exercise in determining whether a household does or does not meet the eligibility criteria for benefits?
  - A: Frequently, questions arise concerning what is to be included as income and what constitutes a household. The *Free and Reduced-Price Policy Handbook* is intended to provide guidelines for those individuals making eligibility determinations. The guidance cannot, however, address each individual situation. Determining officials will occasionally have to apply the broad concepts set forth in this guidance to some individual situations. If unusual situations unlike any examples in the guidance arise, the determining official should contact the Arizona Department of Education, Child Nutrition Programs.
- 9. Q: How quickly should I process applications?
  - A: Applications for new students and others who cannot be provided meal benefits based on the prior year's eligibility should be processed as quickly as possible. For children with an application on file from the prior year, such as returning students and new students who had siblings in the school the prior year, an eligibility determination should be made within 10 working days of the return of the new application.
- 10. Q: If a student leaves the SFA late in the school year, in March for example, and returns at the beginning of the next school year, may the child be fed based on last year's application prior to application approval?
  - A: Yes, if the child was eligible for benefits when the household left the SFA.
- 11. Q: If any item of required information is missing from the free and reduced-price application, may the determining official make an eligibility determination on the basis

of a sibling's application or must he/she consider the application incomplete and take follow-up action?

A: A determining official may look to a sibling's application for any item of required information, except CA/Food Stamp information. Since CA/Food Stamp categorical eligibility is on an individual basis, the determining official MUST either contact the household for that information or consider the application incomplete.

The official may staple the applications together. In lieu of stapling the two applications together, the official may photocopy the complete application and staple the photocopy to the incomplete application or transfer the information from the complete application, initialing it and noting the source of the information. The complete application MUST be readily available for review.

- 12. Q: If any item of required information is missing from the free and reduced-price application, may the determining official complete the application for the household using information derived from other records available to the school?
  - A: No item of required information may be derived from a source other than the household or a sibling's application.
- 13. Q: A household voluntarily provided pay stubs with the application which conflict with the income information on the application. According to the income information on the application, the household is eligible for benefits. However, from the pay stubs it appears that the household is not eligible. What should the determining official do?
  - The submission of eligibility information that does not support the content of the A: application MUST NOT affect the initial eligibility determination. The determining official MUST approve or deny the application on face value and notify the household of the initial eligibility determination. However, when the household submits eligibility information, either voluntarily or as required by the school, that does not confirm the level of benefits for which the household has been approved, the school official MUST take appropriate action. When this occurs at the time of application, the school may combine the notice of approval with the notice of adverse action in a single letter. This provides the household opportunity to resolve the discrepancy during the 10-day advance notice of adverse action. However, when the determining official believes that the household may have additional information substantiating the eligibility determination, the school may combine the notice of approval with the notice of selection for verification to give the household opportunity to submit additional documentation to confirm eligibility. School officials are in the best position to determine the appropriate action to take. However, the inconsistency MUST be resolved.
- 14. Q: A household voluntarily provided pay stubs with the application, but did not write the amount of each person's income on the application. All other items were completed. According to the pay stubs, the household is eligible for benefits. What should the determining official do?

- A: Rather than denying the application or returning the application to the household, the determining official may contact the household, by phone or in writing, to ensure that the household submitted all documentation of income. The official should document the contact, enter the information on the application, and initial and date the action.
- 15. Q: A family recently moved to Arizona, the family reports zero income, but was a Food Stamp household in the other state. Could this family be determined free based on their out-of-state Food Stamp number?
  - A: No, when a new child enrolls in school, it is recommended that the applicant's eligibility be based on the household's current circumstances. When a household leaves a state, the household can no longer receive Food Stamps from that state. The current circumstances would warrant a temporary approval, based on zero income. At the end of the temporary approval, Food Stamp certification in Arizona should be complete. The family would provide an Arizona Food Stamp number at this time or bring in a DES "School Meals Program" direct certification form.
- 16. Q: What is acceptable as an adult signature?
  - A: Any printed name or cursive signature appearing in the space following the certification statement is an acceptable signature. We cannot expect all legal signatures to be cursive.
- 17. Q: When using a single child application, if the adult signature is missing, can a sibling's application be photocopied and/or stapled to the application missing the signature to make a complete application?
  - A: Yes, if the remainder of the information is the same and if the child whose application is missing information is listed as a household member on the sibling application.
- 18. Q: Several applications, none of which is complete, are submitted from the same household for different children. How many sibling applications can be used to generate a complete application?
  - A: There MUST be at least one complete application in which the household member has certified the information to be correct from which information may be obtained to complete one or more sibling applications.
- 19. Q: If a sibling was not listed on last year's application but comes from a family with children who were eligible for free meals last year, can I claim free reimbursement for that child before applications are processed for the school year?
  - A: Yes, the SFA may claim the same level of benefits for new children from households with children who were approved for benefits last year, EXCEPT THAT categorical eligibility cannot be applied to a sibling.

- 20. Q: Can the determining official make an eligibility determination based upon other income sources, which were not declared on the application but about which the official knows?
  - A: No. The determining official MUST make the initial determination based upon the face value of the application. However, immediately after the application is approved, the SFA may begin the verification process on that application.
- 21. Q: What if the determining official suspects that there are other sources of income?
  - A: Any application that contains questionable information MUST be verified as soon as possible.

#### **Complete Application**

- 22. Q: Does an emancipated child sign his/her own applications? Is a social security number required?
  - A: An emancipated child who lives alone as a household of one or as a member of a household with no adult members MUST sign his or her own application. No social security number is required, since the emancipated child is not an adult.
- 23. Q: Who signs the application for a foster child?
  - A: The foster parent/guardian or other official representative for the child MUST sign the application for a foster child; however, the foster parents'/guardians' income, household size and social security number are not needed on the application.
- 24. Q: Does income have to be indicated on the application for a foster child?
  - A: Yes. The child's income MUST be considered for the eligibility determination. A foster child's income includes funds provided by the welfare agency, which is specifically identified by category for the personal use of the child, such as for clothing, school fees and allowances. In addition, other funds received by the child are included as income; for example, income a child earns for full-time or regular part-time employment and money provided by the child's family for personal use. If no funds are specifically identified for personal use, income should be listed as "0," and the application should be approved for a full year. This also applies to applications for children residing in residential child care institutions.
- 25. Q: What if there is no income on an application? Do I consider it as zero, or should I go back to the household for additional information?
  - A: If no income is listed on the application, the determining official should contact the household for additional information. If the determining official is unable to contact the household, the application MUST be denied because it would be incomplete.
- 26. Q: What if the racial/ethnic data collection question is not completed?

- A: Parents' provision of this information is voluntary and failure to provide the information MUST NOT affect the child's eligibility for benefits. SFAs are required to develop alternative means of obtaining racial and ethnic data for applicants when such information is not voluntarily provided by parents on the application.
- 27. Q: What applications may be considered for temporary approval?
  - A: Applications receiving temporary approval may include those from households affected by temporary layoffs, strikes, temporary receipt of public assistance and zero income. Zero income, however, may be acceptable for a foster child or institutionalized child. Determining officials should use their own judgment and consider temporary approval for other questionable situations.
- 28. Q: An application was approved for benefits and the household notified. During a review of the applications later in the school year, the reviewer discovered that the determining official had erred and that the information on the application did not support the household's eligibility for benefits. What should be done?
  - A: Whenever there is a reduction or termination of benefits, for whatever the reason, households MUST be provided the 10-day advance notice of adverse action. When there is an increase in the level of benefits, the household MUST be notified and the increase in benefit level provided promptly.
- 29. Q: What kind of notice is recommended for children determined to be eligible for free or reduced-price meals?
  - A: Households MUST be notified of their eligibility for benefits. SFAs should notify households of their child's eligibility for free or reduced-price benefits either in writing or by phone. Households denied benefits MUST be notified in writing.
- 30. Q: If a school is providing benefits for a child during the first 30 operating days of the school year based upon income information from the previous year's eligibility, and upon receiving the current year application for the household, the school determines there is a change in the household's eligibility, is it necessary to provide the notice of reduction or termination of benefits at the end of the 30 days, or earlier date as determined by the SFA?
  - A: No, it is NOT necessary to provide this notice of reduction or termination of benefits at the end of the 30 days, or earlier date.

#### **Maintenance of Applications**

- 31. Q: Do applications have to be maintained at the school, or may they be maintained at a central location with a list of eligible students maintained at the school?
  - A: Applications may be maintained either at the school or at a central location with a list of eligible students (roster) maintained at the school. If a SFA elects to maintain

applications at a central location, applications MUST be retrievable by the school, and the SFA MUST ensure that changes in eligibility status and transfers in and out of the school are accurately reflected on each school's roster in a timely fashion, such as three operating days.

- 32. Q: In a computerized operation, where the computer generates the determination, does the determining official have to sign or initial each application?
  - A: No. The determining official may sign/initial and date a sheet of paper, which would then be attached to a batch of applications. However, the computer system should be able to capture the original date of approval and update the status of applications to account for transfers, withdrawals, terminations and other changes.
- 33. Q: May changes in status of an application be maintained in a computer instead of being noted on the application?
  - A: Yes. Changes in the status of an application may be maintained in a computer instead of being noted on the application. School officials MUST ensure that the changes are readily retrievable by school and are provided to state and federal reviewers along with the applications during a review of the applications.
- 34. Q: If I have temporarily approved an application, and if after the temporary approval period I know that circumstances have not changed, do I have to contact the household, or may I automatically extend the temporary approval?
  - A: After the temporary approval period, each household should be contacted again to offer the household an opportunity to report changes in household size and income information. They must also submit documentation and a reasonable explanation to the SFA of how the household is able to manage with out any source of income.

#### Income

- 35. Q: Why is the off-base housing allowance provided to service personnel counted as income when the value of on-base housing is not?
  - A: Income is defined as all cash received on a recurring basis. In-kind benefits, by definition, are not cash payments and, therefore, are not considered as income for the purpose of determining free and reduced-price eligibility. School officials are not in a position to determine the value of in-kind benefits, such as housing for clergy, cars for salespersons, employee medical or dental benefits, etc. The income exclusion for in-kind benefits is uniform throughout the school meal programs. To treat in-kind benefits provided to military households differently from in-kind benefits provided to the general population would create an inequity. The fact that the value of military on-base housing is more readily identifiable than other sources of in-kind benefits would not lessen the inequity.

- 36. Q: What are some examples of payments from federal programs, which are excluded from consideration as income by legislative prohibition?
  - A: (1) The value of assistance to children and their families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977; (2) any payment to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents and others) of the Domestic Volunteer Service Act of 1973 to the extent excluded by that Act; (3) payments received under the Job Training Partnership Act; and (4) student financial assistance received under Title IV of the Higher Education Act of 1965, including the Pell Grant, Supplemental Education Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS, College Work Study and Byrd Honor Scholarship Programs, to the extent excluded from the Act.
- 37. Q: Is the U.S. Armed Forces FSSA counted as income for the purposes of determining eligibility?
  - A: For eligibility determination purposes, the FSSA payments MUST be counted as earned income to the household, because there is no legislative authority that would permit the exclusion of FSSA payments from consideration as income. Please note that some military families receiving FSSA payments may still be income eligible for free or reduced price meal benefits. Other military families receiving FSSA payments also may be certified to receive Food Stamp benefits; families receiving Food Stamps would be categorically eligible for free meals or free milk in the NSLP, SBP and SMP.
- 38. O: What is included as income for foster children?
  - A: Funds provided by the welfare agency that are specifically identified by category for the personal use of the child, such as for clothing, school fees, and allowances. Welfare funds paid to the foster parents identified by category for shelter and care, and those identified as special needs funds, such as those for medical and therapeutic needs, are not considered as income. Where welfare funds cannot be identified by category, no portion of the provided funds is considered as income; and other funds received by the child, including any income the child earns for full-time or regular part-time employment, and money provided by the child's family for personal use.
- 39. Q: What income is reported for students who reside in a residential childcare institution (RCCI)?
  - A: Payments from any source, directly received by the institution on the child's behalf, are not considered as income to the child. However, the money a child personally receives or earns from any full-time or regular part-time source is considered income.
- 40. Q: Is an application with household size and income information required for students who reside in an RCCI and attend public school during the day?

A: Yes. The day school MUST have an application on file for each child for whom a free or reduced-price meal is served and claimed for reimbursement, regardless of the child's place of residence.

Institutionalized children are not to be categorically certified as eligible for free or reduced-price benefits. A record of each child's income, even if "0," MUST be identified on the application for free and reduced-price meals.

- 41. Q: If the household indicates \$0 for income, is that sufficient?
  - A: "Zero income" is sufficient for a temporary approval. School officials should confirm the continued eligibility of a zero income application every 60 days. However, some circumstances may warrant approval of a zero income application for the school year, such as for the foster or institutionalized child.
- 42. Q: If one household owns a housing unit and rents living space to another household, does the household receiving the rental fee have to report this amount as income?
  - A: Yes. Income includes money derived from rent of room(s), apartment(s), etc. If a household receives rental income from another household, it MUST be included as income. The treatment of rental income would be similar to the treatment of self-employment income.
- 43. Q: If one household owns a housing unit and rents living space to another household, does the household receiving the rental fee have to report this amount as income?
  - A: Yes. Income includes money derived from rent of room(s), apartment(s), etc. If a household receives rental income from another household, it MUST be included as income. The treatment of rental income would be similar to the treatment of self-employment income.
- 44. Q: Are children for whom households receive adoption assistance payments under Title IV-E of the Social Security Act automatically eligible for free school meals?
  - A: No. Although Sections 673 and 674 of the Social Security Act specify that, for purposes of Titles XIX (medical assistance) and XX (child care), children whose parents receive adoption payments shall be deemed to be recipients of the Aid to Families with Dependent Children program, the statute did not extend this equivalency to the NSLP, SBP or SMP. Additionally, since there is no legislative prohibition from considering the adoption assistance payments as income, the amount of assistance MUST be included as household income in the free and reduced-price meal eligibility determination.

#### **Household Size**

- 45. Q: When foster parents apply for benefits for their own children, do they include their foster children as household members, and do foster parents include the payments provided by the welfare agency for care of the foster children as income to the household?
  - A: No. Since each foster child, including a preschool foster child, is a household of one, foster children are not included in the foster parents' household. Payments received by the household for care of the foster child are intended to be used for the foster child and, therefore, are not included as part of the foster parents' income.
- 46. Q: How do I handle joint custody of a child?
  - A: In cases where joint custody has been awarded, the child is part of the household where he/she resides. In some cases, the child's living arrangements could change monthly, weekly or daily. The child MUST be provided benefits during periods of eligibility. The SFA MUST develop some reasonable mechanism to ensure that the child receives the benefits to which he/she is entitled.
- 47. Q: What if a child lives with his/her parents and is required to pay for room and board? Is the child a separate household?
  - A: No. The family continues to have legal responsibility for the child. The child may be considered a separate household only in those cases where the court has declared the child to be emancipated.
- 48. Q: If two separate households rent living space (e.g., an apartment or house), and one household gives its portion of the rent to the other household, which in turn transmits the full rent to the landlord, does the rental income given to the transmitting household count as rental income?
  - A: No. The transmitting household has not received income; rather, it is performing a simple financial transaction that does not provide it with additional income.
- 49. Q: What do I do if a child is eligible for free meals, but the household wants to pay the reduced-price?
  - A: The school should respect the family's wishes and allow the child to pay the reduced price. The application should correctly reflect that the child is eligible for free meals. However, the school should note on the application that the family has elected to pay the reduced price. The meals served to such a child MUST be claimed for reduced-price reimbursement since the school received the reduced-price payment from the household.

- 50. Q: May the approval of applications be delegated to a Food Service Management Company along with other management responsibilities?
  - A: No. The determination of eligibility for free and reduced-price meals is a SFA responsibility and may not be assigned to a Food Service Management Company. School officials are directly responsible for determining eligibility and maintaining the confidentiality of the information on the application.
- 51. Q: How do I determine the eligibility of a household that has some children who are included under a Cash Assistance (CA) unit and other children who are not under the CA unit?
  - A: Children in a CA unit are categorically eligible for free benefits. The application for such children need only contain the child's name, a current CA number and the signature of an adult household member. The application for children in the same household who do not fall under a CA unit **must** include the information required of all other households, i.e., name of all household members; social security number of the adult household member who signs the application, or an indication that the household member does not have a social security number; the amount of income each household member receives and where it comes from (including the amount of the CA or other welfare grant); and the signature of an adult household member.
- 52. Q: If a child is not considered 'wards of the court' but who are under Child Protective Services living with a family member not receiving benefits, what household do I determine this child to be?
  - A: If the child is NOT a ward of the court, then they are not an economic unit of one and would be considered to be in a household and their application would be with whom they were living with.

### **Processing Applications Update**

- 53. Q. What is acceptable as an adult signature?
  - A. Any printed name or cursive signature appearing in part 5 is an acceptable signature.
- 54. Q. When using a single-child application, if the adult signature is missing, can a sibling's application be photocopied and/or stapled to the application missing the signature, thereby making it a complete application?
  - A. Yes, if the remainder of the information is the same. The child whose application is missing information must be listed as a household member on the sibling application.
- 55. Q. Several applications, none of which is complete, are submitted from the same household for different children. How many sibling applications can be used to generate a complete application?

A. There must be at least one complete application in which the household member has certified the information to be correct. Information from this complete application may be used to complete one or more sibling applications.

#### **Special Milk Program**

- 56. Q: What are the requirements for SFAs operating the SMP?
  - A: A free policy statement MUST be approved by the SA for SFAs participating in the SMP with the free milk option. SFAs may submit one policy statement for both meals and milk when some of the schools in the district participate in the SMP and others participate in meal programs. Specific instructions on the development of the policy statement and policy approval process are provided to SFAs by the State Agency.

### **Categorical Eligibility**

- 57. Q: Does categorical eligibility apply to State-funded Head Start programs?
  - A: Categorical eligibility can be used in State funded pre-kindergarten Head Start programs with eligibility requirements identical to or more stringent than those used by the Federally-funded Head Start centers.
- 58. Q: What is considered acceptable documentation of a child's Head Start or Even Start participation?
  - A: Documentation of a child's Head Start or Even Start participation could include: 1) an approved Head Start or Even Start application for the child's family; or 2) a statement of enrollment in Head Start or Even Start; or 3) a list of children participating in Head Start or Even Start; and in the case of Even Start, confirmation that the child has not yet entered kindergarten.

#### **Direct Certification**

- 59. Q: May parents of children who are determined to be eligible under direct certification refuse the benefits?
  - A: Yes, parents may refuse benefits by notifying the school after they receive the notice of their eligibility.
- 60. Q: If the Food Stamp/CA or FDPIR office provides a document to the household, how does the household indicate that they accept benefits?
  - A: Submission of this document to the school by the household indicates the household wants to receive free meals or milk.
- 61. Q: What happens when the household notifies the SFA that their status has changed i.e., they are no longer receiving Food Stamp/CA or FDPIR benefits?

- A: When this happens, the SFA MUST send the household a notice of adverse action and an application for free and reduced-price benefits that would allow them to establish income eligibility.
- 62. Q: What are the record retention requirements for SFAs that implement direct certification?
  - A: SFAs MUST keep documentation for direct certification on file for a minimum of 5 years after submission of the final claim for reimbursement for the fiscal year to which they apply. In the case of an audit, the SFA MUST keep the documentation on file beyond the 5-year period until resolution of the audit findings.

#### **Confidentiality**

- 63. Q: What does disclosure mean as it relates to children's personal free and reduced-price meal eligibility information?
  - A: Disclosure means revealing or using individual children's program eligibility information that is obtained through the free and reduced-price eligibility process for a purpose other than the purpose for which the information was obtained. Disclosure includes but is not limited to access, release, or transfer of personal data about children by means of print, tape, microfilm, microfiche, electronic communication or any other means. It includes eligibility information obtained through the free and reduced-price application or through direct certification and whether the children are eligible for free meals or reduced-price meals.
- 64. Q: May representatives of State or local education agencies evaluating the results and compliance with student assessment programs have access to children's eligibility information?
  - A: State and local representatives of State or local education agencies would be covered only to the extent that the assessment program was established at the State, not local level.
- 65. Q: May the principal of a school compare the test scores of students in his/her school by socioeconomic status, to the test scores of students in another school in the same district?
  - A: Students' names and free or reduced-price eligibility status may be disclosed, without consent, for a Federal or State education program. Parental consent is required for disclosure for a local education program or use.
- 66. Q: May the SFA disclose eligibility information to other CNPs?

- A: The SFA may disclose all eligibility information from children's free and reduced-price applications or information obtained through direct certification to persons directly connected with the administration or enforcement of the *programs authorized under the NSLA or Child Nutrition Act of 1966*. This includes the NSLP, SBP, SMP, Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). This means that program eligibility information collected for any one of the CNPs may be shared with another CNP, even if the programs are sponsored by different entities. For example, a public school may disclose information from children's free and reduced-price school meal applications, without parental consent, to a SFSP administered by Parks and Recreation.
- 67. Q: Who are persons "directly connected" to the administration or enforcement of a program?
  - A: The SFA may disclose children's eligibility status only to persons determined to be "directly connected" with the administration or enforcement of a Federal education program, State education program, State health program or a means-tested nutrition program; also, to persons directly connected with the Comptroller General Office or law enforcement for an authorized activity.

Persons directly connected to program administration or program enforcement include Federal, State and local program operators responsible for the ongoing operation or activities of their respective program, and compliance officials responsible for the monitoring, reviewing, auditing or investigating a program authorized to have access to free and reduced-price eligibility information.

- 68. Q: To which nutrition programs may an SFA disclose children's eligibility information?
  - A: Federal, State or local means-tested nutrition programs with eligibility standards comparable to the NSLP (i.e., food assistance programs to households with income at or below 185% of the Federal poverty level, such as the Food Stamp Program or a State or local nutrition program).

### **VERIFICATION**

#### VERIFICATION OF ELIGIBILITY FOR SCHOOL MEALS

#### **Definition**

 Verification is confirmation of eligibility for free and reduced-price meals under the National School Lunch Program or School Breakfast Program.
 Verification MUST include either confirmation of income eligibility or confirmation that the child is included in a currently certified Food Stamp/FDPIR household or CA unit. At State or local discretion, verification may also include confirmation of any other information on the application, which is required as a condition of eligibility.

# Exemptions from Verification

#### • Verification efforts are **not required**:

- For children who have been certified under direct certification procedures;
- In RCCIs, except for applications for any day students attending the institution;
- In schools in which all students are served with no separate charge for food service and no special cash assistance is claimed; i.e. non-pricing programs claiming only the paid rate of reimbursement.
- In schools participating in the Special Milk Program (Note: Schools may choose not to count applications for children in split-session kindergarten programs participating in the Special Milk Program in meal program schools when determining the verification sample size.); and
- In SFAs in which all schools participate in the Special Assistance Certification and Reimbursement Alternatives except in those years in which applications are taken for all children in attendance, i.e. the base year.

### General Requirements

- Annually, each SFA MUST select and verify a sample of applications approved for benefits, excluding all DES "School Meal Programs" direct certification forms.
- SFAs MUST use either a "random" sampling method or "focused" sampling method to select *applications* to be verified.
- The required sample size is based on the total number of approved applications on file on October 31 and whether the SFA employs random or focused sampling for selecting the applications to be verified.

NOTE: An application is counted as one application regardless of whether it is a multi-child application or an application for one child. The sample size depends on the number of paper applications, not the number of children represented. When calculating sample sizes, all fractions or decimals MUST be rounded upward to the nearest whole number. A multi-child application counts as one application in calculating the sample size.

- Under **random sampling**, the SFA MUST verify a minimum of the lesser of 3 percent or 3000 of the total number of approved applications *selected randomly*, **excluding** DES "School Meal Programs" direct certification forms.
- Under **focused sampling**, the SFA MUST verify a minimum of:
- (1) the lesser of 1 percent or 1,000 of the **total** number of approved applications (both income and categorical), selected from applications with total household income within \$100 monthly or \$1,200 annually of the Income Eligibility Guidelines (IEGs) for free and reduced-price meals for that household,

#### PLUS

- (2) the lesser of .5 percent (one half of 1 percent) or 500 of the total number of applications that were approved based on categorical eligibility, i.e. currently approved for Food Stamps, CA or FDPIR. The sample is selected from applications (excluding DES "School Meal Programs" forms) with a Food Stamp/FDPIR or CA case number.
- The SFA MUST complete verification of the minimum required sample size by December 15, and maintain the Verification Report (Appendix T) on file for audit or review.
- Verification MUST take place *after* the application has been approved, even when the SFA required households to submit documentation of eligibility with the application.
- See Appendix H for a sample Verification Schedule.

## Implementation

- Although the required sample size under both random and focused sampling is based on the number of approved applications on file on October 31, SFAs may begin verification prior to this date. SFAs may, based on experience, project the number of approved applications that they anticipate will be on file on October 31. However, the SFA MUST compare this estimate with the actual number of applications on file on October 31 and increase the sample size if the total number of approved applications on file exceeds the estimate.
- SFAs may verify more than the required minimum sample (up to 100 percent of all approved applications) as long as the selection of applications does not involve discrimination against anyone on the basis of race, color, national origin, age, sex or disability. The SFA has an obligation to verify all questionable applications. However, any verification that is done "for cause" is in addition to the sample required for either random or focused sampling.
- The SFA MUST complete the verification process for all households that have been notified of their selection of verification and have been asked to submit verification information. For example, the SFA cannot select five percent of the applications on file and notify those households of their selection with the hopes of getting three percent to respond to fulfill the verification requirement. The SFA MUST follow up with any household notified of their selection.
- When calculating *sample sizes*, round all fractions or decimals upward to the nearest whole number. (Calculate to three decimal places and round up to the nearest whole number.)

# Random Sampling

 Under the random sampling method, each application MUST have an equal chance of being selected, including all categorical and income applications.

### Required Random Sample Size and Selection (See Worksheet, Appendix I)

- The minimum required sample size is three percent (3%) or 3,000, whichever is less, of all approved applications (excluding DES "School Meal Programs" direct certification forms) on file on October 31. No attempt may be made to select only applications approved based on categorical eligibility.
- Calculation and selection of the minimum required number of applications in the SFA to verify under random sampling:
  - <u>Step 1</u>. Count the total number of approved applications on file on October 31. Multiply the total by .03. **Round decimals upward**. At least one application MUST be verified, e.g., 340 applications x .03 = 10.2 applications. Round upward to 11 applications.
  - <u>Step 2</u>. Compare the result in Step 1 to 3,000. The sample size is the lesser number. In the example above, eleven applications MUST be verified to meet the required sample size.
  - Step 3. Randomly select the required number of applications.
  - (1) A selection interval may be used. This can be accomplished by dividing the total number of approved applications on file in the SFA by the sample size to determine the selection interval. If there are 340 applications on file and eleven are required to be verified, 340 divided by 11 = 30.9. In this case, the selection interval is 31. Number all the applications. Randomly select an application from the total approved, and then choose every  $31^{st}$  application until eleven (11) applications have been selected.
  - (2) Another random method of selection would be to put all the applications in a container and draw the required number of applications.
- A minimum of **one** application must be verified.
- SFAs are not required to select a statistically valid random sample. Any selection method in which each application has an equal chance of being selected is sufficient

# Focused Sampling

- A minimum required percentage or number of applications approved (excluding DES "School Meal Programs" direct certification forms) based on *income eligibility* MUST be selected for verification AND a minimum required percentage or number of applications approved (excluding DES "School Meal Programs" direct certification forms) based on *categorical eligibility* MUST be selected for verification.
- Required Focused Sample Size and Selection of Applications (See Worksheet, Appendix J.)
  - For applications approved based on income information:

One percent (1%) of the *total number of all approved applications* in the SFA or 1,000 applications, whichever is less. The calculation includes applications approved based on income eligibility *and* those approved based on categorical eligibility (those with an CA/FDPIR or Food Stamp case number).

Select one percent from applications that were approved based on household size/income information and that indicate total household income within \$100 (\$1,200 yearly) of the income eligibility guidelines;

#### **AND**

- For applications approved based on categorical eligibility:

One-half (.5) percent of the total number of applications in the SFA approved based on categorical eligibility or 500 applications, whichever is less.

Select the .5 percent from the applications approved based on categorical eligibility.

- The calculation of the minimum required number of applications with income information and the minimum number of applications with Food Stamp/FDPIR/CA case numbers that MUST be verified in the SFA under focused sampling follows:
  - <u>Step 1.</u> To determine the number of applications with income information that MUST be verified, count the total number of approved applications on file on October 31. Multiply this number by 1 percent, round any decimals up.

For example, 50 applications with income information plus 250 applications with Food Stamp/FDPIR/CA case numbers = 300 total applications x .01 = 3 applications.

- <u>Step 2.</u> Compare the result in Step 1 to 1,000. The required number of applications with income information to verify is the lesser number. In this case, three (3) applications approved based on income eligibility MUST be verified.
- <u>Step 3.</u> To determine the number of applications with Food Stamp/FDPIR/ CA case numbers that MUST be verified, count the number that were approved based on categorical eligibility. Multiply this number by .005 (half of 1 percent), round any decimals up.

For example, 250 applications with Food Stamp/FDPIR/CA case numbers x .005 = 1.25 = 2 applications.

- <u>Step 4.</u> Compare the result in Step 3 to 500. The required number of applications with a Food Stamp/FDPIR/CA case number to verify is the lesser number. In this example, two applications approved based on categorical eligibility MUST be verified.
- <u>Step 5.</u> Separate the applications into two groups: the categorically eligible applicants that provided Food Stamp/FDPIR or CA case number, and the applicants that were approved on the basis of income information.
- <u>Step 6.</u> From the group that reported income information, select the required sample size (as determined in Step 2) from applications with monthly incomes within \$100 or annual income within \$1,200 of the income eligibility limits.

If there are more applications with monthly income within these limits than needed to meet the minimum sample size, select the sample using any method that is equitable and ensures that the same households will not be selected year after year.

If there are not enough applications with income within \$100 monthly or \$1200 annually to meet the required minimum sample size, complete the sample using those applications with monthly income closest to the eligibility levels.

If the total number of applications containing income information is smaller than the required minimum sample size, verify all income applications.

<u>Step 7.</u> From the categorically eligible group, select the sample using any method that is equitable and ensures that the same household is not

selected each year.

- A minimum of one categorically eligible application and one income application MUST be verified.
- Summary of Example:

300 total applications. 50 from income information, 250 with Food Stamp/FDPIR/CA case numbers. The SFA MUST verify 3 applications based on income information and 2 applications with case numbers. A total of 5 applications to verify.

Focused/ Random Sampling: Advantages and Disadvantages

- Focused sampling targets verification efforts on applications with a high likelihood of containing errors; that is, households providing income information on the application and reporting income just below the maximum eligibility level.
- Both random and focused sampling are nondiscriminatory.
- It takes longer to select applications for verification using focused sampling rather than random sampling, but the focused sampling method requires verification of less than half as many applications than if random sampling were used. The reduction in the number of applications, which must be verified under focused sampling, should more than make up for the extra time spent selecting applications.

Verification at the Time of Application

- SFAs may require households to provide information to verify eligibility for free and reduced-price benefits at the time of application. Schools electing this option are cautioned that they MUST NOT allow verification efforts to delay the approval of applications; nor can schools disapprove applications based on information submitted for verification. If an application is complete and indicates that the child is eligible for free or reduced-price benefits, the application MUST be approved. Only after the determination of eligibility has been made can the school begin the verification process. Schools electing this option MUST observe the following procedures:
  - 1. <u>Parent Letter</u> Include in the parent letter a statement that, although the initial eligibility determination will be based solely on the application, households are required to submit verification of eligibility information with the application for continued eligibility.
  - 2. <u>Determination of Eligibility</u> As applications are returned, review each application to determine household eligibility based on the submission of a complete application. Households MUST be informed of this initial determination of eligibility. Lack of verification information or submission of verification information that does not support the content of the application MUST NOT affect the initial determination of eligibility.
  - 3. Review of Verification Documentation and Notice of Adverse Action
     Any household which fails to submit requested verification information by the date specified by the SFA, or which submits verification information which does not support the initial determination of eligibility, MUST be sent a notice of adverse action. This notice MUST include all the required items in the standard termination/reduction notice, including giving the household 10 days advance notice of the termination or reduction of their benefits. (Note: This step may be combined with Step 2 so that the notice of initial approval and notice of adverse action are combined in a single letter.)
- Once households have been notified of selection and requested to provide income documentation, the SFA MUST complete the verification process for such households. Verification efforts should be completed within a reasonable time

### Household Notification of Selection for Verification

- When a household is selected for verification and is required by the SFA to submit documents or other forms of evidence to document eligibility, the household MUST be sent a notice/letter informing them of their selection and of the types of information acceptable to the SFA. (See Appendix K-1 through K-4.) The letter/notice MUST include the following:
  - 1. Notification that the household has been selected for verification
  - 2. A statement that the household MUST provide the social security number for each adult household member or indicate that a household member does not possess one
  - 3. A Privacy Act statement
  - 4. The types of acceptable information that may be provided to confirm current income, including pay stubs, award letters from welfare departments, social security and support payment decrees from courts
  - 5. Instruction that the household MUST submit documentation of income received during the most recent month available. (If this amount is not representative, the household should contact the SFA for assistance in determining acceptable documentation.)
  - 6. The household may provide proof that the child is a member of a currently certified Food Stamp/FDPIR/CA household instead of providing income information and social security numbers of adult household members
  - 7. Information MUST be provided by a date as specified by the SFA and that failure to do so will result in termination of benefits
  - 8. The name and telephone number of a school official who can answer questions and provide assistance
- When the SFA uses agency records to verify eligibility, the letter/notice of selection is *NOT* required since the household will not have to provide documents and household cooperation will not be necessary.

#### **VERIFICATION METHODS**

#### Written Evidence

- Written evidence is the primary source of eligibility confirmation for all households, including Food Stamp/FDPIR and CA households.
  - Written evidence is most often pay stubs from employers or award letters from welfare departments or other government agencies submitted by the household to the verifying officials as confirmation of eligibility.
  - Acceptable written evidence for income eligible households contains the name of the household member, amount of income received, frequency received and the date. (See Appendix L).
  - Acceptable written evidence for categorically eligible households contains a written statement from the Food Stamp/FDPIR or CA agency that specifies that the child is a member of a household currently receiving benefits.

#### Collateral Contacts

- A collateral contact is a person outside of the household who is knowledgeable about the household's circumstances and can give confirmation of a household's income or Food Stamp/FDPIR/CA status.
  - Collateral contacts include employers, social service agencies, migrant workers' agencies, and religious or civic organizations.
  - The verifying official should request a collateral contact *only* in cases when the household has not been able to provide adequate written evidence.
  - The verifying official MUST give the household the opportunity to designate the collateral contact. However, the verifying official may select a collateral contact *if* the household fails to designate one, or designates one, which is unacceptable to the verifying official. In either case, no contact may be made without first notifying the household and obtaining their permission (Appendices M, N).
  - All collateral contacts are to be documented, dated and initialed.

#### Agency Records

- A household's eligibility may be confirmed through the use of information maintained by other government agencies to which the SA, SFA or school has legal access. Although USDA regulations do not require that households be notified of selection when verification is made through agency records, such agencies may have their own notification requirements.
  - One source of agency records is the *wage and benefit information* maintained by the State employment agency, if that information is available to the verifying official. Such records are State records, and the release of information maintained by State employment offices is governed by State law.
  - The SFA may also *submit the names and case numbers of* categorically eligible households to the local Food Stamp/FDPIR or CA office. Food Stamp/CA offices are permitted by law to release eligibility information from their files to other federal assistance programs and federally assisted state programs.
  - When using agency records, the SFA should request information for the most recent month available. Households which dispute the validity of income information acquired through systems of records MUST be given the opportunity to send more recent income information during the 10-day period of advance notice of adverse action.

#### VERIFICATION OF INCOME ELIGIBILITY

# Request for Written Evidence

- The notification of selection for verification (Appendix K) MUST include a request for the household to submit written evidence of *current* income for all household members and the social security number of each adult household member 21 years of age or older. Households indicating zero income MUST be asked for a written explanation of how living expenses are met
- One of the following situations will result:
  - 1) The household submits the required social security numbers and written evidence of current income that confirms the eligibility determination previously made. Verification is considered complete (Appendix S is optional).
  - 2) The household submits the required social security numbers and written evidence of current income that shows that the household's eligibility should be for either a higher or lower level of benefits than the eligibility determination previously made. Verification is considered complete when the letter of adverse action is sent or the household is notified that the child's benefits will be changed.
  - 3) The household does not respond to the request for income information and/or social security numbers, or submits insufficient or obsolete written evidence. When either situation occurs, the SFA can do one of two things:
    - School officials may contact the household to request the missing written evidence and inform the household that failure to comply or to designate a collateral contact will result in termination. If the household subsequently cooperates, then either No. 1 or No. 2 above would apply; **OR**
    - School officials may terminate benefits to the household for failure to respond to the request for written evidence. Verification is considered completed when the advance notice of adverse action is sent to the household.

#### Verification Using Collateral Contacts

- When the household has been unable to provide adequate written evidence, the household may identify a collateral contact from which the SFA could obtain the requested information, either orally or in writing.
- A collateral contact would not be expected to provide social security numbers of the adult household members. These still MUST be provided by the household.
- The SFA will examine any written information provided by the collateral contact or evaluate any oral information. Based on this, either situation No. 1 or No. 2 discussed on page 74 would apply (Appendices M, N).
- If the collateral contact is unwilling or unable to provide the requested information, then the household is to be terminated for failure to respond as discussed in No. 3 above.

#### Verification Using Agency Records

- A household's eligibility may be confirmed through the use of information maintained by other government agencies to which the SFA has legal access (See Appendix Q.).
- The SFA will examine the information received from the agency. Based on this review, either situation No. 1 or No. 2 would apply, *except that* households which dispute the validity of the information MUST be given the opportunity to provide more recent income information during the 10-day advance notice period of adverse action.

#### Advance Notice of Adverse Action

- All households with children for whom benefits are to be reduced or terminated MUST be given 10 days *written* advance notice of the change.
- The first day of the 10-day advance notice period is the day the notice is sent.
- A sample notification of adverse action is in Appendix O.
- For non-pricing programs, an advance notice of adverse action need not be sent, as the student will continue to receive free meals, despite the change in status.

#### VERIFICATION OF CATEGORICAL ELIGIBILITY

# Request for Written Evidence

- A school can place the responsibility for verifying receipt of Food Stamps/FDPIR/CA benefits on the household. The notification of selection (Appendix K) MUST include a request for the household to submit written evidence of current certification to receive Food Stamp/FDPIR/CA benefits. Every time a household is approved for Food Stamps/FDPIR/CA, the household is furnished with a written letter of certification or notice of eligibility. The verifying official should examine this notice of eligibility to ensure that the child for whom the application was completed is part of a household currently participating in the Food Stamp/FDPIR or CA Program. If a Food Stamp household has misplaced the notice of eligibility or notice of certification, a current "Authorization to Participate" (ATP) card is adequate proof of current certification. ATP cards are usually issued once a month and are immediately redeemable by the household at a bank or elsewhere for the actual Food Stamps. Unlike the ATP cards, Electronic Benefit Transfer (EBT) cards to not confirm current eligibility in the Food Stamp Program, and therefore cannot be used for categorical eligibility purposes.
- A Food Stamp/FDPIR/CA document that does not specify the certification period is *not* adequate for documentation. For example, the Food Stamp identification card is not acceptable because it usually does not have an expiration date.
- The DES "School Meal Programs" direct certification form is an acceptable document.
- A household that does not have satisfactory Food Stamp/FDPIR/CA documentation may request a signed, dated letter from the Food Stamp/CA or FDPIR office certifying that the child is part of a household currently receiving benefits (Appendix P).
- Verification is complete when the household submits adequate documentation of current participation in either the Food Stamp/FDPIR or CA Program or a letter of adverse action is sent.

#### Agency Records

- Verification of eligibility for households that provided a Food Stamp/FDPIR/CA case number on the application may be accomplished by submitting a list of names and Food Stamp/FDPIR/CA case numbers to the local Food Stamp/FDPIR or welfare office for confirmation of receipt of benefits.
- To facilitate the verification process, contact should be made with the local Food Stamp/FDPIR or welfare office prior to submitting such lists to discuss the methods by which verification requests should be handled. SFAs that verify eligibility through the local Food Stamp/FDPIR/CA office should do so as early as possible. This will ensure that there is sufficient time for that office to respond to the request *and* sufficient time to acquire other verification if households are identified as *not* currently receiving Food Stamps/FDPIR/CA or if the Food Stamp/FDPIR/CA office does not respond in a timely manner. If circumstances beyond the control of the SFA delay verification, the SFA may request that the SA allow an extension of the verification deadline. Any extension of the deadline MUST be approved by FNSRO (Food Nutrition Services Regional Office).
- A sample letter and a form for SFAs to use in requesting assistance from a Food Stamp/CA office are included in Appendix Q.
- Verification is *complete* when the local Food Stamp/FDPIR/CA office certifies that the household is currently receiving Food Stamps/FDPIR or CA or a notice of adverse action is sent.

#### Advance Notice of Adverse Action

- When it is determined that the child is not part of a household currently receiving Food Stamps/FDPIR/CA, the household MUST be given 10 days *written* advance notice of termination and MUST be informed that to continue school meal benefits they MUST:
  - 1) submit an application providing income information,
  - 2) submit names and social security numbers for each adult household member, and
  - 3) submit written evidence that confirms current household income.
- The first day of the 10-day advance notice period is the day the notice is sent.
- A sample notification of adverse action for Food Stamp/CA households is in Appendix R.
- For non-pricing programs, an advance notice of adverse action need not be sent, as the student will continue to receive free meals, despite the change in status.

#### **COMPLETION OF VERIFICATION**

## Completion Date

- Verification of the required sample size MUST be completed by December 15 of each year. If the SFA believes that it will not meet this deadline, a written request for an extension MUST be submitted to the SA prior to December 15. This request MUST then be submitted to FNSRO for approval.
- Verification of an individual application is complete when a household's eligibility for the level of benefits for which it was approved is:
  - confirmed; or
  - changed to a higher level of benefit; or
  - a letter of adverse action has been sent informing the household that benefits will be reduced; or
  - a letter of adverse action has been sent informing the household that benefits will be terminated.

#### Verification Results

- Verification of a household's income eligibility for free or reduced-price meals MUST result in one of the following:
  - No change in benefit level The household's current documentation supports the level of benefits for which the household has been approved.
  - Reduction in benefit level The household's current documentation identifies income too high for the level of benefits for which the child has been approved. Therefore, the household's eligibility MUST be changed from free to reduced-price, free to paid or from reduced-price to paid.
  - <u>Increase in benefit level</u> The household's current documentation qualifies the household for free meals rather than reduced-price meals. Therefore, the household's eligibility MUST be changed from reduced-price to free meals.
  - Termination of benefits Free and reduced-price benefits MUST be terminated for households that do not respond to verification efforts or whose current documentation does not support eligibility for either free or reduced-price meals.
- If verification results in a change in benefit level or termination, the change MUST be extended to *all* children in the household who were determined eligible by information, which no longer supports the benefit level.
- If verification results in higher benefits (e.g., a child who is moved from the reduced-price to free category), this change is effective immediately and MUST be implemented no later than 3 operating days later. Parents should be notified through whatever channels the SFA uses to notify the household of approval for benefits.

#### Notification of Adverse Action

- All households for whom benefits are to be reduced or terminated MUST be given 10-calendar days advance notice of the change. The first day of the 10-day period is the day the notice is sent.
- The notice (Appendix O, Appendix R) MUST advise the household of the following:
  - the change in benefits,
  - the reasons for the change,
  - that an appeal MUST be filed within the 10-day advance notice period to ensure continued benefits while awaiting a hearing and decision,
  - the instructions on how to appeal,
  - that the household may reapply for benefits at any time during the school year, and
  - that Food Stamp/FDPIR/CA households may submit an application containing household names and income information and provide written evidence of current household income and the social security numbers of adult household members
- When a SFA provides free meals to all students (i.e. non-pricing programs), an advance notice of adverse action need not be sent as the student will continue to receive free meals despite the change in status.

#### Benefits During Appeal of Verification Results

- When a household appeals a reduction or termination of benefits within the 10-calendar-day advance notice period, the SFA MUST continue to provide the benefits for which the child was originally approved until a final determination is made. The SFA may continue to claim reimbursement at that level during this period.
- When a household does not appeal a reduction or termination of benefits during the 10-calendar-day advance notice period, the actual reduction or termination of benefits MUST take place immediately after the 10-day advance notice period.

#### Hearing Procedure

- The hearing procedure in the SFAs free and reduced-price policy statement MUST be followed (Appendix F).
- The hearing official MUST be an individual who was not connected with the approval or verification process.
- The household may request a school conference prior to a formal hearing. Any such conference MUST NOT prejudice a later appeal.

#### Households that Reapply for Program Benefits

• Households affected by a reduction or termination of benefits may reapply for benefits at any time during the school year. However, those households terminated for failure to respond to verification efforts that reapply in the same school year are required to submit income documentation or a Food Stamp/FDPIR/CA case number at the time of reapplication. The SFA must verify the households' eligibility *prior to* approval. These are not considered new applications because these households did not comply with the verification requirements.

#### Recordkeeping

- Documentation, as described below, is useful in demonstrating compliance with the verification requirements when SFAs are reviewed by the State and would also be needed in case of an applicant's appeal.
- SFAs MUST maintain a description of their verification efforts. The description MUST include:
  - a summary of the verification efforts, including the selection process and the source of information used, such as the Food Stamp Office, wage stubs and collateral contacts:
  - the total number of applications on file on October 31;
  - the percentage or number of applications that are/will be verified by December 15; and
  - reasons for any denial or change of eligibility and the date.
- Either directly on the application or elsewhere, SFAs should keep a full record of:
  - dates notices were sent:
  - notes on any contacts made;
  - results of verification and dates of any eligibility changes;
  - signature of the verifying official:
  - copies of all relevant correspondence between the households selected for verification and the SFA or school;
  - any additional information necessary to show the efforts made by the SFA to meet the verification requirements; and

- If the application is verified by documents submitted by the household, the SFA MUST retain either:
  - 1) all documents submitted by the household;
  - 2) Reproductions of those documents; or
  - 3) In cases where the actual documents or photocopies cannot be kept, the verifying official MUST make a written record of the documents submitted by the household including the type of document (ex: wage stubs or letter from an employer, income shown on the document, time period of the income and the date of the document).

As a new policy, **THE VERIFICATION REPORT WILL BE COLLECTED** WHEN YOUR NSLP PROGRAM HAS AN ADMINISTRATIVE REVIEW conducted by the Arizona Department of Education, Student Services Division.

Additionally, VERIFICATION REPORTS ARE TO BE MAILED IN TO THE ADE OFFICE DECEMBER 15.

#### **QUESTIONS AND ANSWERS**

#### **Verification**

- 1. Q: What kind of written evidence is required for verification of a foster child's application?
  - A: School officials should contact the household in which the foster child resides and ask for the name, agency and phone number of the social worker assigned to that child. A phone call to the social worker confirming the child's status as a foster child and the amount of money designated by the agency for the child's personal use would be sufficient verification. The school official should, however, document the phone conversation with the social worker (identifying the social worker, agency and phone number, the status of the child and the child's personal use income). Another approach would be to ask the foster family for a copy of a written communication between the foster family and the placement agency in which the status of the child and the financial arrangement is stated. If the family is unable to provide such information, a phone call to the placement agency to confirm the child's status and income should be made prior to denying the child for free meals.
- 2. Q: What if a child is selected for verification, but then transfers out of the school district before the information can be verified?
  - A: Verification is considered complete when a household's eligibility for the level of benefits for which it was approved is either confirmed or a letter of adverse action has been sent. If a child is selected for verification but transfers out of the district before the information can be verified, verification cannot be completed. To meet the minimum verification requirements, a new application MUST be selected.
- 3. Q: How is overtime income counted for the purposes of verification?
  - A: The school official should work with the household to determine whether the overtime for the month being verified is representative of overtime received in other months. If the overtime is a one-time or sporadic source of income, income should be calculated based on the regular monthly income (without overtime).
- 4. Q: Am I verifying the household's eligibility at the time of application or its current eligibility?
  - A: Verification is intended to establish current eligibility. When written evidence or collateral contacts are the primary sources of information, the SFA MUST require submission of income information for the *most recent full month that is available*. When using a system of records, the SFA may choose to verify a recent month and the entire sample may be verified for the same month. Households, which dispute the validity of income information acquired through systems of records, MUST be given the opportunity to produce more recent income information.

- 5. Q: If a SFA chooses to do three percent verification, MUST it select three percent of the applications from each school in the SFA or is the sample selected from the SFA as a whole?
  - A: SFAs are required to select and verify a sample of their approved free and reduced-price applications. The SFA as a whole MUST meet the three percent sample. It does not mean that each school has to do three percent. The sample may be selected from one or more schools, or from the SFA as a whole, *provided that* the verification efforts are applied without regard to race, sex, color, national origin, age or disability. Also, any selection method MUST ensure that all applications are subject to being sampled; i.e., if the SFA has decided to select the three percent verification sample from only one school in the SFA, all applications in that one school MUST have an equal chance of being selected.
- 6. Q: If my sample size is 4.02 applications, do I verify four or five?
  - A: Partial numbers MUST be rounded up to the NEXT whole number; five applications must be verified.
- 7. Q: Do we have to maintain the actual documentation from verification, or just the results of verification?
  - A: SFAs are required to maintain three things: a description of their verification efforts, documentation of the verification and the results of the verification. The description **must** summarize the selection process and techniques, the total number of applications on file on October 31, and the percentage or number of applications verified.

The applications selected must be readily retrievable by school, and the SFA must document correspondence between the selected households and the SFA or school. If the application is verified by documents submitted by the household, the SFA must either retain the documents or a photocopy; or, if that is not possible, the relevant information can be copied from the document. If the SFA chooses to copy the information, enough of a record must be retained from the document to verify eligibility, including the type of document, e.g., ATP card or pay stub, time period of eligibility or income, income shown on the document and the date of the document. If other sources are used to document eligibility, such as the Food Stamp office or collateral contacts, records of those sources and the information received must be documented as well.

The SFA must also keep a record of any change in eligibility as a result of verification procedures, the reason for the change, and the date the change was made.

- 8. Q: When an advance notice of adverse action has been sent to a household, can I claim reimbursement for that child during the period covered by the advance notice?
  - A: Yes. The household must be given 10-calendar days advance notice that a change is being made in the child's eligibility status. During that time, the child must continue to receive free or reduced-price meal benefits and the SFA may continue to claim reimbursement for free or reduced-price meals served to the child during this period.
- 9. Q: What if I use other agency records and the agency does not provide a response before December 15?
  - A: Any extensions to the December 15 deadline MUST be approved in writing by the FNS. If the SFA contacted another agency well in advance of the December 15 deadline, it has demonstrated good faith and would likely be given an extension.
- 10. Q: If a household is paid weekly and submits a pay stub for a week, MUST I go back and ask for pay stubs for a whole month?
  - A: No. If the weekly pay stub is representative of what the household normally receives each week, one pay stub is sufficient.
- 11. Q: If a larger sample is selected, such as 5 percent, does the 5 percent have to be verified by December 15?
  - A: The SFA only has to meet the minimum sample requirements, i.e., 3 percent under random sampling, by December 15. The remaining 2 percent, while it has to be completed, may be completed after December 15 and be completed as soon as possible.
- 12. Q: Can the determining official make an eligibility determination based upon other income sources that were not declared on the application but were known by the official?
  - A: No. The determining official MUST make the initial determination based upon the face value of the application. However, immediately after the application is approved, the SFA may begin the verification process on that application.
- 13. Q: What if the determining official suspects that there are other sources of income?
  - A: Any application that contains questionable information MUST be verified as soon as possible.

### **APPENDICES**

#### SAMPLE MEDIA RELEASE FOR FREE AND REDUCED-PRICE MEALS

(Make appropriate changes as applicable to reflect the programs operated)

This is the public release that we will send to (names of news media outlets and major employers contemplating layoffs) on \_\_\_\_\_(date)\_\_\_.

(Local school food authority) today announced its policy for providing free and reduced-price meals for children served under the (insert National School Lunch Program, Commodity School Program and/or School Breakfast Program). Each school and/or the central office has a copy of the policy, which may be reviewed by any interested party.

The household size and income criteria identified below will be used to determine eligibility for free and reduced-price benefits. Children from households whose income is at or below the levels shown are eligible for free or reduced-price meals. Children who are members of Food Stamp households, Cash Assistance (CA) units or Food Distribution Program on the Indian Reservation (FDPIR) households are automatically eligible for free meals. Foot children that are the legal responsibility of a welfare agency or court may also be eligible to be effits regardless of the income of the household with whom they reside the benefits regardless of the income income.

# Usda CHILD NUTRETICATION for found Usda CHILD NUTRETICATION found Usda CHILD NUTRETICATION for found Usda CHILD NUTRETICATION found Usda CHILD NUTRETICATION found Usda CHILD NUTRETICATION fou

| Family Size                   | *Y        | **Month | **Week | *Year               | Sonth   | **Week |
|-------------------------------|-----------|---------|--------|---------------------|---------|--------|
| 1                             | \$ 11,518 | \$960   | ~ æta' | teragi <sup>u</sup> | \$1,366 | \$316  |
| 2                             | 15,522    | rw:aq   | 299    | 22,089              | 1,841   | 425    |
| 3                             | 1966      | 1,628   | 376    | <b>LA 17</b> 187    | 2,316   | 535    |
| 4                             | 23,530    | 1,961   | 4h=5a  | <b>TE</b> 3,485     | 2,791   | 644    |
| 5                             | 27,534    | near    | 530    | 39,183              | 3,266   | 754    |
| 6                             | 31,538    | 2,629   | 607    | 44,881              | 3,741   | 864    |
| 7                             | 35,542    | 2,962   | 684    | 50,579              | 4,215   | 973    |
| 8                             | 39,546    | 3,296   | 761    | 56,277              | 4,690   | 1,083  |
| Each Additional<br>Member Add | + 4,004   | + 334   | + 77   | + 5,698             | + 475   | + 110  |

Application forms are being distributed to all households with a letter informing households of the availability of free and reduced-price meals for their children. Applications also are available at the principal's office in each school. To apply for free or reduced-price meals, households must fill out the application and return it to the school. Food stamp/CA/FDPIR families should submit the 2002-2003 "Free Meals Programs" direct certification form in place of an application. Applications or "Free Meals Programs" direct certification forms may be submitted anytime during the school year. The information households provide on the application will be used for the purpose of determining eligibility and verification of data. Applications may be verified at any time during the school year by school or other program officials.

For school officials to determine eligibility for free and reduced-price benefits, households receiving food stamps/FDPIR or CA (not submitting the "School Meal Programs" direct certification form) only have to list their child's name, food stamp/FDPIR or CA case number; an adult household member must sign the application. Households which do not list a food stamp/FDPIR or CA case number must list the names of all household members, the amount and source of monthly income received by each household member, and the social security number of the adult household member who signs the application. If the household member signing does not have a social security number, he/she must indicate that a social security number is not available. The application must be signed by an adult household member.

Under the provisions of the free and reduced-price policy (title of determining officials) will review applications and determine eligibility. Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. Parents wishing to make a formal appeal for a hearing on the decision may make a request either orally or in writing to (name, address, phone of the hearing official).

Households approved based on a food stamp/FDPIR or CA case number must report when the household no longer receives these benefits. Other households approved for benefits based on income information must report increases in household income of over \$50 per month or \$600 per year and decreases in household size. Also, if a household member becomes unemployed or if the household size increases, the household should contact the school. Such changes may make the children of the household eligible for benefits if the household's income falls at or below the levels shown above.

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

## LETTER TO PARENTS NONPRICING SCHOOL MEAL PROGRAMS

Dear Parent/Guardian:

We are pleased to inform you that all children attending \_\_\_\_\_\_ will receive meals at no charge during school year, unless otherwise notified. Providing meals to children is a growing challenge and requires our taking advantage of all available funding resources. One of these resources is the reimbursement program for free and reduced-price meal benefits from the United States Department of Agriculture (USDA).

So that we can keep our costs low and provide excellent food service for children, we need some information for USDA reimbursement purposes. Your cooperation is appreciated. If your bounded downe is at or below the level shown on the enclosed scale, please answer all questions on the attached provide a triangle form. An income application which does not contain the requested information capporate at the cost.



#### OTHER INFORMATION:

- VERIFICATION: school officials may check your eligibility at any time during the school year. You may be asked to submit information to support what was reported on the application.
- REPORTING CHANGES: You must tell the school if your household size decreases or income increases by more than \$50 per month or \$600 per year. If your child receives FDPIR, CA or food stamp benefits, you must advise the school if you no longer get these benefits for your child.
- CONFIDENTIALITY: The information you give on the application will be used only for purposes of the meal program.
- CHILDREN WITH DISABILITIES: If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please contact us for further information.

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

| Application will be determined by |  |
|-----------------------------------|--|
|                                   | (Name / Title of Determining Official) |

#### CARTA PARA PADRES/PROGRAMAS DE COMIDA DE ESCUELA

Apreciados Padres/Tutor:

| Tenemos el placer de informarl   | es que todos los niño    | s que están atendiend                  | 0                                      |                                   | recibirán        |
|----------------------------------|--------------------------|--|--|-----------------------------------|------------------|
| comidas gratis durante el año e  |                          |  |  | I proveer comidas para            | los niños es     |
| un desafío que va en aumento     |                          |  |  |                                   |                  |
| es el programa de reembolzo p    |                          |  |  |                                   |                  |
| Unidos (USDA).                   |                          |  | •                                      | ŭ                                 |                  |
| ,                                |                          |  |  |                                   |                  |
| Para que podamos mantener n      |                          |  |  |                                   |                  |
| información con el propósito de  | recibir reembolzo de     | USDA. Su cooperacio                    | ón e <u>s</u> apreci <b>⇔l</b> ∕ Si su | us ingresos del hogar so          | n los mísmos     |
| o están por debajo del nivel des | scrito en la tabla que : | se incluye a co <u>ntin</u> uac        | sponda                                 | a todas las preguntas de          | el formulario de |
| aplicación de los ingresos adjui | nto. Una aplicación d    | e ingressa a c 👊 no                    | or li la la formación                  | ı requerida no puede sei          | r procesada      |
| por la escuela.                  |                          | MPLL                                   |  |                                   |                  |
|                                  | 54                       |  |  |                                   |                  |
| Si usted está recibiendo estam   | pillas de com , Jen      | eficios en efectivo (CA                | ) o Program de Distr                   | tos en                            |                  |
| Reservaciones Indias (FDPIR)     | y ha recibido el formu   | ilario C <i>arta Acerca D<u>el</u></i> | Programa la Comida                     | the, envie el carta a             | la escuela y     |
| no complete la aplicación de lo  | s ingresos. Si no rec    | ibió un <i>Carta A Drca D</i>          | er, com De Comi                        | <i>da Gratis</i> , se apreciará o | que complete     |
| una aplicación.                  | dated  Lifectivo desde   | Mrnij y                                |  |                                   |                  |
| <b>11</b> -0                     | 1946 I                   |  |  | _ =                               |                  |
|                                  | natur                    | TABLA DE INGRE                         |  | 3:                                |                  |
| UP                               | Efectivo desde           | el 1 de Julio de 1999                  |  |                                   |                  |
| integrantes de la casa =         | Alluai                   | er sp                                  | Deathal Death                          |                                   |                  |
| 1                                | \$15,244                 | DAKE.                                  | \$294                                  | •                                 |                  |
| 2                                |                          | 7,706                                  | 394<br>404                             |                                   |                  |
| 3                                |                          | 2,140                                  | 494                                    | 51                                |                  |
| 4<br>5                           | ,                        | 2,575                                  | 16.2714                                | <b>,</b>                          |                  |
| 6                                |                          |  | te. <b>3</b> 94<br>494<br>795<br>896   |                                   |                  |
| 7                                |                          | 870                                    | 806                                    |                                   |                  |
| 8                                | MATAL                    | 4 314                                  | - <b>4</b> 006-                        |                                   |                  |
| Para cada miembro de familia     | 35,403                   | 4,514                                  | .fafY                                  |                                   |                  |
| adicional añada                  | +5,217                   | 144_62                                 | ately                                  |                                   |                  |
| adioional anada                  | L.                       | マコエロトラウ                                |  |                                   |                  |
| OTRA INFORMACION:                | nt                       | <b>alth-sa</b>                         |  |                                   |                  |
|                                  |                          |  |  |                                   |                  |
|                                  |                          |  |  |                                   |                  |

- **VERIFICACION**: Su elegibilidad puede ser verificada por oficiales de la escuela en cualquier momento durante el año escolar. Se le podría pedir que proporcione información para respaldar lo reportado en la aplicación.
- **REPORTANDO CAMBIOS**: Usted debe informar a la escuela si hay alguna disminución en la cantidad de integrantes en su hogar o algún aumento de ingresos por más de \$50 por mes o \$600 al año. Si su niño recibe comidas basándonos en la información de FDPIR, CA o de estampillas de comida, usted debe avisar a la escuela cuando ya no reciba más estos beneficios para su niño.
- CONFIDENCIALIDAD: La información que usted da en la aplicación será usada solamente para los propósitos del programa de comida.
- NIÑOS CON INCAPACIDADES: Si un niño ha sido determinado incapacitado por un médico y la desventaja prevendria al niño de comer la comida regular de escuela, esta escuela hará cualquier substitución recetada por el doctor. Si una substitución en la comida es necesaria, no habrá cobro adicional por la mísma. Si usted cree que su niño necesita substituciones por causa de incapacidad, por favor pongase en contacto con nosotros para más información.

El Departamento de Agricultura de los EE, UU. (USDA, siglas en inglés) prohíbe la discriminación en todos sus programas y actividades a base de raza, color, origen nacional, género, religión, edad, impedimentos, credo politico, orientación sexual, estado civil o familiar. (No todas las bases de prohibición aplican a todos los programas.) Personas con impedimentos que requieran medios alternativos de communicación para obtener información acerca de los programas (Braille, tipografía agrandada, cintas de audio, etc.) deben ponerse en contacto con el Centro TARGET de USDA, llamando al (202) 720-2600 (voz y TDD).

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un preveedor y empleador que ofrece oportunidad igual a todos.

| La Aplicacion será determinada por_ |     |
|-------------------------------------|-----|
|                                     | · _ |

| То ар     | OOI Name ply for free or reduced-price meal with this form, please call   | s for your child(r             | •                                       | MPLETE, SIGN a                      | and RETURN this               | form to school. If                               | f you need          |
|-----------|---|--------------------------------|---|-------------------------------------|-------------------------------|--|---------------------|
| Part<br>1 | Complete this part for children A (Go to Part 3)  | TTENDING this                  | School/District bi                      | ut are <b>NOT</b> includ            | ed in a Food Sta              | mp, CA or FDPIR                                  | Case.               |
|           | Child's Name  | Name of School                 |   | Grad                                | е                             | Teacher  |                     |
|           | 1   |                                |   |                                     |                               |  |                     |
|           | 2   |                                |   |                                     |                               |  |                     |
|           | 3   |                                |   |                                     |                               |  |                     |
|           | 4   |                                |   |                                     |                               |  |                     |
| Part<br>2 | Complete this Part for children a Food Stamp Case #:  | ttending this Scl              | nool/District <u>now</u><br>_CA Case #: | receiving Food S<br>                | Stamp, CA or FD<br>FDPIR Case | <b>DPIR benefits</b> .(Go<br>#:                  | to Part 5)<br>— — — |
|           | Child's Name  |                                |   | Grad                                |                               | Teacher  |                     |
|           | 1   |                                |   |                                     |                               |  |                     |
|           | 2   |                                |   |                                     |                               |  |                     |
|           | 3   |                                |   |                                     |                               |  |                     |
|           | 4   |                                |   |                                     |                               |  |                     |
| Part<br>3 | If you listed any children in Part Stamps, CA or FDPIR benefits -   |                                |   | AND Part 5. DO N                    | NOT complete thi              | s section if you re                              | ceive Food          |
|           | HOUSEHOLD MEMBERS: List<br>AND CHILDREN. DO NOT INC<br>MONTHLY INCOME: Write the<br>name. List GROSS income BEF | LUDE CHILDRE<br>amount of mont | EN LISTED IN PA<br>hly income and it    | RT 1, UNLESS T<br>s source each per | HEY RECEIVE A                 | REGULAR INCO                                     | ME.                 |
| Nam       | ne  |                                | Monthly<br>Earnings from                | Monthly<br>Welfare                  | Monthly<br>Income from        | Monthly<br>Income from                           | No                  |
|           |   |                                | Work (Before                            | Payments                            | Pensions,                     | ALL OTHER  | Income              |
|           |   | Write                          | Deductions)<br>Include all              | Received,                           | Retirement                    | sources of                                       | √ Here              |
|           |   | The Total  Number of           | jobs                                    | Child Support,<br>CA & Alimony      | and Social<br>Security        | Income   |                     |
|           |   | People In                      | \$                                      | \$                                  | \$                            | \$   |                     |
|           |   | Your                           | \$                                      | \$                                  | \$                            | \$   |                     |
|           |   | Household                      | \$                                      | \$                                  | \$                            | \$   |                     |
|           |   | (include                       | \$                                      | \$                                  | \$                            | \$   | П                   |
|           |   | yourself)                      | \$                                      | \$                                  | \$                            | \$   |                     |
| Part      | FOSTER/INSTITUTIONALIZED  | CHILD: Compl                   | <u>l</u><br>ete a senarate ar           | l<br>onlication for each            | <br>  foster/institution:     | <u> </u><br>alized child Write                   | child's             |
| 4         | personal use income and how o   | ften it is received            | d. (Go to Part 5)                       |                                     |                               | un200 0/ma. ************************************ |                     |
| Part      | Print Name  |                                |   |                                     |                               |  |                     |
| 5         | Address   |                                |   |                                     |                               | on is true and that all being given in conn      |                     |
|           |   |                                | the rec                                 | ceipt of Federal fund               | ls; that the institution      | on officials may verify                          | y this              |
|           | Home Telephone Number   |                                | inform prosec                           |                                     |                               | ation may subject m<br>ral criminal statutes.    |                     |
|           | Signature and Social Security N does NOT possess a Social Sec   |                                | ousehold membe                          | r who signs this fo                 | orm; or check the             | e box below if this                              | person              |
|           | Signature   |                                | <del></del>                             | Social Security N                   | <u></u>                       |  | Date                |
|           | o.g.iata.o  |                                | lf y                                    | you DO NOT have a                   |                               |  | 24.0                |
|           |   |                                |   |                                     |                               |  |                     |
| Eligibi   | ility   |                                |   | Determination                       |                               |  |                     |
| Total H   | Household Size:<br>Monthly Income \$  |                                | ( ) Appro                               |                                     | ( ) App                       | proved Reduced                                   |                     |
|           | Stamp/CA/FDPIR  |                                | () Temp                                 | orary Approval Unti                 | I                             | ties Ossit                                       |                     |
|           |   |                                | Date Appr<br>Signature                  | oved<br>of Determining Office       | Date Not<br>cial              | tice Sent  |                     |

Section 9 of the National School Lunch Act requires that, unless your children's Food Stamp, CA or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or an indication that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamps, CA or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

Part 6

Office

( ) Notice of Eligibility( ) Agency records

| are not required to answer this question. We not determine if benefits are allocated on a fair to ( ) Black or African American ( ) Asian ( ) American Indian or Alaskan Native ( ) Native Hawaiian or Other Pacific Islander ( ) White ( ) Hispanic or Latino | eed this information  | Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint or discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. |  |
|--|---|---|--|
|  | FOR SCHOOL USE ONLY   | ′   |  |
| VERIFICATION  Date Selected for Verification   | ( ) Ineligible ( ) Free to Redu ( ) Reduced to F            | ( ) Income<br>( ) Household Size<br>ced ( ) Refused to Cooperate  |  |
| Eligibility: ( ) Wag ( ) Not Confirmed ( ) Writt   | thly Income \$<br>e Stubs<br>en Documents<br>ateral Contact | Date Adverse Notice Sent Date of Change Signature of Verifying Official   |  |

MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY TWO WEEKS X 2.15; TWICE A MONTH X 2

Date

( ) Other

#### APLICACION PARA COMIDAS GRATUITAS Y COMIDAS A PRECIO REDUCIDO

| Para solicita               | de la Escuela _<br>ar comidas gratuitas d<br>llenar esta solicitud, l        | o a precios red<br>llame al teléfo   | ducidos para su hijo<br>no   | (s) llene, firme y de   | vuelva esta solicitud  | a la escuela. Si ne  | ecesita                          |
|-----------------------------|--|--|--|---|--|--|----------------------------------|
| Apartado<br>1               | Llene esta apartado comida, CA o FDPIF                                       | R. (Vaya al Ap   | artado Número 3)   | ·   |  | •  |                                  |
| 1.                          | Nombre del Niñ   |  | Nombre de  | la escuela  | Grado  | Maestro(a)   |                                  |
|                             |  |  |  |   |  |  |                                  |
| 3.                          |  |  |  |   |  |  |                                  |
| 4. <u></u>                  |  |  |  |   |  |  |                                  |
| Apartado<br>2               | Llene este Apartado<br>FDPIR. (Vaya al Apa                                   | artado número  | 5) Número de caso o  | de estampillas de com   | ida:   |  | da, CA o                         |
|                             | Número de CA:<br>Nombre del Niñ  |  | Nombre de  | ero de FDPIR:<br>la escuela   | Grado  | Maestro(a  | a)                               |
|                             |  |  |  |   |  |  |                                  |
|                             |  |  |  |   |  |  |                                  |
|                             |  |  |  |   |  |  |                                  |
|                             |  |  |  |   |  |  |                                  |
| Apartado<br>3               |  | sta del Aparta<br>ASA: Haga u<br>y niños(as).<br>LES: Ponga l<br>el nombre. Es | ido 2, no llene este a<br>na lista de los nomb<br>NO INCLUYA LOS<br>a cantidad de ingres | Apartado y pase al<br>pres de cada una de<br>NIÑOS(AS) QUE E<br>sos mensuales de c                | número 5.<br>· las personas que ha<br>STÁN YA INCLUIDO   | abitan en la casa, ir<br>OS EN EL APARTA<br>onde los recibe. Es          | ncluyendo<br>DO 1.<br>críbalo en |
|                             | seguridad social, etc  |  |  |   |  |  |                                  |
| NOMBRE                      |  | Escriba<br>usted el<br>número<br>total de                                      | Ingresos<br>mensuales de<br>Trabajo (antes de<br>impuestos)                              | Asistencia Mensual* Pagos Ayuda para ninos CA y Pension   | Ingresos<br>mensuales<br>Pensiones, Retiro<br>y Seguridad Social   | Ingresos<br>mensuales de<br>otras Fuentes de<br>ingresos                 | No hay ingresos √ Aqui           |
|                             |  | personas<br>en su  | \$   | \$  | \$   | \$   |                                  |
|                             |  | familia  | \$   | \$<br>\$  | \$   | \$   |                                  |
|                             |  | (incluyendo  | \$   | \$  | \$   | \$   |                                  |
|                             |  | usted)   | \$   | \$  | \$   | \$   |                                  |
| Apartado<br>4<br>Nombre del | NIÑOS ADOPTIVO:<br>adoptivo/instituciona<br>(Vaya al Apartado núi<br>niño(a) | alizado. Escri<br>mero 5)  | bir el ingreso persor  |   | cuanto se reciben.   | cada niño ya sea   |                                  |
| Apartado<br>5               | Teléphono (casa) _   |  |  | esta información h<br>oficiales de la insti<br>información dada                                   | la información dada es<br>la sido dada para recibi<br>tución pueden verificar<br>incorrecta puede dar lu | ir Fondos Federales; o<br>esta información; y q<br>gar a acusación y per | que los<br>ue la<br>secición en  |
|                             | Teléphono (trabajo) Firma y número de Se tiene número de Segui               | guro Social del  |  | federales.<br>familia que firma esta  |  |  |                                  |
|                             | Firma  |  |  | Seguridad Social  | _  | Fecha  |                                  |
|                             |  |  |  | ene usted Núm. de SS  | - √ Aquí 🗌   |  |                                  |
|                             | nold Size:<br>y Income \$<br>CA/FDPIR  |  | ( ) ( ) ( ) ( ) Da   | ra uso oficial gibility Determinatio Approved free Denied (Reason) Temporary Approva tte Approved | ( ) Ap   | oproved Reduced  |                                  |

La SECCION 9 del Acta Nacional de Comida Escolar requiere que, al menos que se de el número de las estampillas de comida de su niño o el número del caso de CA o FDPIR, usted deberá dar el número de Seguridad Social del adulto que firma esta aplicación o indicar que no lo tiene, si así fuera. No es obligatorio el dar el número de Seguridad Social, pero si no se da o no se indica que el adulto firmante no lo posee, la aplicación no puede ser aprobada. Esto se le debe hacer saber a la persona que firme. El número de Seguridad Social puede ser utilizado para identificar al miembro de la casa y por medio de él verificar que la información dada en la aplicación es correcta. Estas verificaciones pueden ser llevadas a cabo a través de revisiones, auditorias, e investigaciones y puede incluir el ponerse en contacto con el empleador para determinar el salario, contactar la oficina de estampillas de comida o ayuda (welfare) para determinar si está recibiendo beneficios de Estampillas de Comida, CA o FDPIR; contactar la oficina de seguridad de empleo del Estado para verificar la cantidad de beneficios recibidos y ver la documentación presentada por el miembro del hogar para probar la cantidad de ingresos recibidos. El dar información incorrecta puede resultar la pérdida o reducción de los beneficios, demanda administrativa o acción legal.

| Apartad o 6  |   |   |  |  |
|--|---|---|--|--|
| RAZA: Por favor indique raza o identidad etnica de su hi que conteste. Necesitamos esta información para asegui beneficios sean otorgados justamente.  ( ) Negro, Africano Americano ( ) Asíatico ( ) Indio Americano o Nativo de Alaska ( ) Nativo Hawaiano o Isleño del Pacífico ( ) Blanco ( ) Hispano o Latino | ramos que los De ins raz dis dis of 14 DC             | De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los E.U., a esta institución se le prohibe discriminar en base a raza, color, origen nacional, sexo, edad o discapacidad. Para registrar una queja de discriminación, escriba al USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 o llame al 202-720-5964 (voz y TDD). USDA es un proveedor y patrón de oportunidad igual. |  |  |
| FOR  | R SCHOOL USE ONLY                                     |   |  |  |
| VERIFICATION  Date Selected for Verification   | ( ) Ineligible  | Reason for Change: ( ) Income ( ) Household Size ( ) Refused to Cooperate ( ) Other   |  |  |
| Eligibility: ( ) Wage<br>( ) Not Confirmed ( ) Writte<br>( ) Food Stamp/CA/FDPIR ( ) Collat  | nly Income \$<br>Stubs<br>n Documents<br>eral Contact | Date Adverse Notice Sent  |  |  |

MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY TWO WEEKS X 2.15; TWICE A MONTH X 2

#### Appendix B-5

## MULTI-USE LETTER TO PARENTS SCHOOL MEAL PROGRAMS

Dear Parent/Guardian:

| The                           |  | val day. Ch  | ildran ma  | School/Dis   | strict takes part in the National School Lunch/School Breakfast Program. Meals are   |
|-------------------------------|--|--|--|--|--|
|                               | ilable free or a   |  |  | ly buy lunch for   | and breakfast for Meals are also   |
| •                             |  |  |  | Cash Assistand   | ce (CA) or Food Distribution Program on Indian Reservations (FDPIR) benefits for   |
| •                             | If your total he   | ousehold ii  | ncome is   | at or below the  | amounts on the income chart, your child may be eligible to receive free meals or for breakfast.  |
| •                             |  |  |  |  | ble for benefits regardless of your income.  |
| •                             | INCOME   |  |  |  | HOW TO APPLY:  |
|                               | rent Year Inco<br>ısehold Size   | me Guidel<br>Annual  | ines<br>Month  | <u>Week</u>  | If you now receive food stamps or CA benefits, a <i>Free Meals</i> Program Letter is sent to you that confirms your child's  |
|                               |  | \$15,244   | \$1,271  | \$294  | automatic eligibility for free school meals. Send the <i>Letter</i> to the   |
|                               |  | 20,461   | 1,706  | 394  | school; an application is not necessary. If you do not receive a   |
|                               |  |  | 2,140  | 494  | letter fill in the collination with the child's name, food stamp,  |
|                               |  |  | 2,575<br>3,010   | 595  | Conference of one adult has senoted and the signature of one adult   |
|                               |  |  | 3,445  | SAN  |  |
| 7                             |  |  | 3,879  |  | If you do not receive food stant to the benefits, fill in the application with the name of experimental process. If you benefits, fill in the application with the name of experimental process. If you benefits, fill in the application with the household, the amount of experimental process. If you benefits, fill in the application with the household, the amount of experimental process. If you benefits, fill in the application with the household, the amount of experimental process.  |
| _ 8                           |  | 51,763   | 4,314  | 996  | application with an name of every the household, the amoun   |
| For                           | each additional  | <b>+</b> 5   | : 217 ±  | 135 ± <b>1</b> 1 <b>£</b>  | or the circumstance income is comes from the cignature of an adult   |
| h                             | ousehold   | •  |  | ad tc  | member and their social security number. Write None if the   |
| pers<br><b>OTI</b>            | son has no<br>HER INFORM   | Jpc  | jat  | 996 435 + 1 fc   | member and their social security number. Write <i>None</i> if the social security purity and the social security number. Write <i>None</i> if the social security number.   |
| •                             | VERIFICATION   | ON: Your e   | eligibility n  | nay be checked   | d by the organis why the school year. You may be asked to send   |
|                               | information to   | prove tha  | t your chi   | d sthe   | ve de  |
| •                             | fair Heari<br>discuss it with  | <b>NG</b> : If you<br>n the schoo  | de ot-a<br>ol. You als   | gree with the se<br>so have the righ   | chool's decision on your application the state of verification, you may wish to a fair hearing the state of t |
|                               |  |  |  |  |  |
|                               | Name   |  |  | MI 2   | Phone:   |
|                               | Address  |  | w  | <b>y</b>   | to a fair heart at the property of the propert |
| •                             | Address  |  | w  | <b>y</b>   |  |
| •                             | REPORTING decreases or CA or food st   | CHANGE your incor amp inform   | ES: If you me increa nation, yo  | r child gets me uses by more than that you determine that you determine the control of the contr | rals part on in the property of the school if your household size of the property of the school if your household size of the school if you no longer receive these benefits for your child.   |
|                               | REPORTING decreases or CA or food st   | CHANGE your incor amp inform   | ES: If you me increa nation, yo  | r child gets me uses by more than that you determine that you determine the control of the contr | rals part on in the property of the school if your household size of the property of the school if your household size of the school if you no longer receive these benefits for your child.   |
|                               | REPORTING decreases or CA or food st   | CHANGE your incor amp inform IALITY: Ti  | ES: If you me increa nation, yo  | r child gets me uses by more than that you determine that you determine the control of the contr | eals parts on its first and you must tell the school if your household size of the part of the school if your household size of the part of the school if you no longer receive these benefits for your child.   |
|                               | REPORTING decreases or CA or food st  CONFIDENT meals. This ir be eligible for with your sigr  REAPPLICA   | CHANGE your incorn amp inform IALITY: TI nformation nature. TION: You come, an   | ES: If you me increa nation, you he inform may also  | r child gets me sess by most to u mus ation that you go be used for:   | rals part on in the property of the school if your household size of the property of the school if your household size of the school if you no longer receive these benefits for your child.   |
| •                             | REPORTING decreases or CA or food st  CONFIDENT meals. This ir be eligible for with your sign  REAPPLICA household in complete and  CHILDREN V the child from  | CHANGE your incorn amp inform IALITY: TI nformation nature.  TION: You come, an other applic vith DISA n eating the e will be no   | ES: If you me increa nation, you he inform may also imay apprincrease cation.  ABILITIES e regular o extra ch  | r child gets me sess be most unusual to the used for:  | reduced-price meals at any time during the school year. If you household size the property of the school if you household size the property of the school if you no longer receive these benefits for your child.  If you want to check the box on Part 7 of the application and certify reduced-price meals at any time during the school year. If you have a decrease in   |
| • The cold bas                | REPORTING decreases or CA or food st  CONFIDENT meals. This ir be eligible for with your sign  REAPPLICA household in complete and CHILDREN W the child from needed, there us for further United States or, national origes apply to a   | CHANGE your incore amp inform IALITY: TI nformation nature.  TION: You come, an other applic with DISA n eating the e will be no information s Departm gin, gender II program  | ES: If you me increa nation, you he inform may also may apprincrease cation.  ABILITIES e regular o extra chan.  ent of Agr, religion, is.) Pers   | r child gets me sess be most un unus ation that you go be used for:  Oly for free and in household so school meal, the arge for the mean priculture (USDA, age, disability, sons with disability.  | reals a part of the school if your household size the pool if you no longer receive these benefits for your child.  give will be used to determine your child(ren)'s eligibility for free or reduced-price for your want to the check the box on Part 7 of the application and certify reduced-price meals at any time during the school year. If you have a decrease in size, become unemployed or receive food stamps, CA or FDPIR for your child been determined by a doctor to be handicapped and the handicap would preven his school will make any substitutions prescribed by the doctor. If a substitution is  |
| • The cold bas (Bra Ave       | REPORTING decreases or CA or food st  CONFIDENT meals. This ir be eligible for with your sign  REAPPLICA household in complete and CHILDREN V the child from needed, there us for further United States or, national origes apply to a aille, large printifile a complain                        | CHANGE your incore amp inform IALITY: TI nformation nature.  TION: You come, an other applic  VITH DISA n eating the e will be no information s Departm gin, gender II program t, audiotap t of discrim                          | ES: If you me increamation, you he inform may also may apprincrease cation.  ABILITIES e regular o extra chan.  ent of Agar, religion, is.) Persie, etc.) shannation, which is a second of the control of | r child gets me sess by the se | reduced-price meals at any time during the school year. If you have a decrease in size, become unemployed or receive food stamps, CA or FDPIR for your child.  The been determined by a doctor to be handicapped and the handicap would preven his school will make any substitutions prescribed by the doctor. If a substitution is eal. If you believe your child needs substitutions because of a handicap, please call.  A) prohibits discrimination in all its programs and activities on the bases of race, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bilities who require alternative means for communication of program information.)   |
| • The cold bas (Brain Ave emp | REPORTING decreases or CA or food st  CONFIDENT meals. This ir be eligible for with your sign  REAPPLICA household in complete and CHILDREN V the child from needed, there us for further e United States or, national origes apply to a aille, large print file a complaint nue, SW, Wa ployer. | CHANGE your incore amp inform IALITY: TI information hature.  TION: You come, an other applic  VITH DISA in eating the ewill be no information information is Departm gin, gender ill program t, audiotap t of discrim shington, | ES: If you me increamation, you he inform may also may apprincrease eation.  ABILITIES e regular o extra chan.  ent of Aggr, religion, is.) Perse, etc.) shaination, was discovered by the control of the | r child gets me uses by the used for: ation that you go be used for: by for free and in household so school meal, the arge for the mean griculture (USDA, age, disability, sons with disabnould contact Userite USDA, Dire 50-9410 or call   | reduced-price meals at any time during the school year. If you have a decrease in size, become unemployed or receive food stamps, CA or FDPIR for your child been determined by a doctor to be handicapped and the handicap would preven his school will make any substitutions prescribed by the doctor. If a substitution is real. If you believe your child needs substitutions because of a handicap, please call.  A) prohibits discrimination in all its programs and activities on the bases of race, political beliefs, sexual orientation, and marital or family status. (Not all prohibited signals taked to the program of the program information SDA's TARGET Center at (202) 720-2600 (voice and TDD).   |

## CARTA DE USOS MULTIPLES PARA PADRES PROGRAMMAS ALIMENTICIOS ESCOLARES

| Estimado Padre/Guardiá   | n:  |  |  |  |
|--|---|--|--|--|
|  | ierzo por   |  |  | participa en el programa escolar nacional de almuerzos y Program). Las comidas son servidas cada diá escolar. Los niños y el desayuno por Las comidas también  |
| <ul><li>programa de distribu</li><li>Si el total del ingres<br/>para recibir comidas</li></ul>   | ución de com<br>o de su hoga<br>gratis o a pr   | ida en reserva<br>ar esta al puro<br>ecios reducido  | nción de indios (F<br>o nivel o menos o<br>os a  | para su niño: estampillas de comidas, beneficios en efectivo (CA) o FDPIR), ese niño puede ser elegible para recibir comidas gratis. de la cantidad de la gráfica de ingresos, su niño puede ser elegible para la comida y por el desayuno. ser elegible para beneficios sin importar sus ingresos.  |
| GRAF   | ICA DE II   | NGRESOS  | •  | COMO APLICAR   |
| Efectivo del 1 de julio, 1999  | al 30 de junio,   | 2000   |  | Si actualmente recibe estampillas de comida o beneficios de CA, se le manda un "carta del programa de comidas gratis" que le confirma  |
| Tamaño del Hogar  1  | 20,461<br>25,678<br>30,895<br>36,112<br>41,329<br>46,546  | Mensual<br>\$1,271<br>1,706<br>2,140<br>2,735<br>3,879<br>4,314  | Semanal<br>\$294<br>394<br>405<br>795<br>896<br>996  | que su niño automáticamente es elegible para comidas gratis en la escuela. Ma de a carte a la escuela; una solicitud con el nombre de ma comida del caso de las estampillas de comida, de CA o FIL DI la illuma de un miembro del hogar.  Si no recibe estamillas de comida de CA o FDPIR llene la solicitud con la responsación de comida de viven en su hogar, la  |
| cada miembro adicional agregue   |   | ed f   | orms   | seguido seguid |
| <ul> <li>VERIFICATION: S puede pedir que ma</li> <li>AUDIENCIA IMPAF verificación, usted p siguiente oficial:</li> </ul>   | u elegibilidad  | pue 1  | fica la puo su nife  | raires de la escuela a cualquier hora durante el año escolar. Se le fio debe recibir comidas gratis per ecios reducidos. Le ecisión de la escuela de la escolar de la escolar de la escuela de la escolar de la esco |
| Nombre:  | WW 1  |  |  | ■ ■■ Número de teléfono:   |
| disminuye la cantida Si su niño recibe co cuando ya no reciba • CONFIDENCIALIDA o a precio reducido. indique marcando e • REAPLICACION: F de su hogar disminu FDPIR para su niño • NIÑOS INCAPACIT coma una comida n   | ad de persona<br>midas basad<br>n esa ayuda p<br>AD: La informa<br>Esta informa<br>I cuadrito en p<br>Puede aplicar<br>nyen, o hay u<br>n necesitará II<br>FADOS: Si u<br>ormal, el hog<br>extra por la c | as que ven es as en informa ara su niño. nación que us ación también parte 7 de la se para comidas n aumento en enar otra solicen niño se ha ar del cuidado comida. Si use se s | il hogar o si aum ción acerca de la ted dará se usar puede usarse producted y certifiques gratis o precios el tamaño del hottud.  Ideterminado por pará cualquier usted cree que | en información de ingresos, usted tiene que avisar a la escuela si penta la cantidad de ingresos por más de \$50 al mes o \$600 al año. EDPIR, CA o estampillas de comidas, tiene que avisar a la escuela rá para determinar la elegibilidad de su(s) niño(s) para comida gratis ara: Si quiere ser elegible para ue con su firma. Si reducidos a cualquier hora durante el año escolar. Si los ingresos logar si se le acaba el trabajo o recibe estampillas de comida, CA o run doctor estar incapacitado y el impedimento impide que el niño substituciones recetadas por el doctor. Si se necesita substitución su niño necesita substituciones por su impedimentos, favor de  |
| actividades a base de ra<br>o familiar. (No todas la<br>alternativos de communi  | za, color, orions<br>s bases de p<br>cación para o  | gen nacional,<br>prohibición ap<br>obtener inform  | género, religión,<br>lican a todos los<br>nación acerca de   | en inglés) prohíbe la discriminación en todos sus programas y edad, impedimentos, credo politico, orientación sexual, estado civil s programas.) Personas con impedimentos que requieran medios e los programas (Braille, tipografía agrandada, cintas de audio, etc.) indo al (202) 720-2600 (voz y TDD).   |
| Para presentar una que and Indepence Avenue empleador que ofrece operation de la complexación de la complexa | , SW, Washi   | ngton, DC 2  | criba a USDA, [<br>0250-9410, o II   | Director, Office of Civil Rights, Room 326-W, Whitten Building, 14 <sup>th</sup> ame al (202) 720-5964 (voz y TDD). USDA es un proveeder y   |
| Solicitudes serán determ   | inado por   |  |  | (Nombre/Titulo del oficial determinando)   |

Se le notificará cuando la solicitud sea aprobada o negada.

#### MULTI-USE APPLICATION FOR FREE AND REDUCED-PRICE MEALS

| То ар                | ool Name  | s for your child(r  | en), carefully CO  | MPLETE, SIGN a  | nd RETURN this  | form to school. I   | f you need                       |
|----------------------|---|---|--|---|---|---|----------------------------------|
| Part                 | Complete this part for children A   | TTENDING this   | School/District but  | ut are <b>NOT</b> includ  | ed in a Food Star   | mp, CA or FDPIR   | Case.                            |
| 1                    | (Go to Part 3) Child's Name 1.  |   | me of School Grade   |   | e   | Teacher   |                                  |
|                      | 2   |   |  |   |   |   |                                  |
|                      | 3.     4.   |   |  |   |   |   |                                  |
| Part<br>2            | Complete this Part for children a Food Stamp Case #:  | ttending this Sch   | nool/District now  | receiving Food S  |   |   |                                  |
|                      | Child's Name  |   |  | Grad  | e<br>   | Teacher   |                                  |
|                      | 2   |   |  |   |   |   |                                  |
|                      | 3   |   |  |   |   |   |                                  |
| Part                 | 4 If you listed any children in Part  |   | mnlete this Part A   |   | NOT complete this   | s section if you re   | ceive Food                       |
| 3                    | Stamps, CA or FDPIR benefits – HOUSEHOLD MEMBERS: List AND CHILDREN. DO NOT INC MONTHLY INCOME: Write the name. List GROSS income BEF | continue to Par<br>the names of <u>ev</u><br>LUDE CHILDRE<br>amount of mont | t 5.<br><u>/eryone</u> living in y<br>EN LISTED IN PA<br>hly income and it | our household. Il<br>RT 1, UNLESS T<br>s source each per  | NCLUDE YOURS<br>HEY RECEIVE A   | SELF, OTHER AD<br>REGULAR INCO  | OULTS<br>OME.                    |
| Nam                  | е   | Write<br>The Total<br>Number of   | Monthly Earnings from Work (Before Deductions) Include all jobs            | Monthly Welfare Payments Received, Child Support, CA & Alimony  | Monthly Income from Pensions, Retirement and Social Security                              | Monthly Income from ALL OTHER sources of Income   | No<br>Income<br>√ Here           |
|                      |   | People In<br>Your   | \$   | \$  | \$  | \$  |                                  |
|                      |   | Household   | \$   | \$  | \$  | \$  |                                  |
|                      |   | (include  | \$   | \$  | \$  | \$  |                                  |
|                      |   | yourself)   | \$   | \$  | \$  | \$  |                                  |
| Part<br>4<br>Child's | FOSTER/INSTITUTIONALIZED personal use income and how of s Name  | ten it is received  |  |   |   | L alized child. Write   |                                  |
| Part                 | Print Name  |   |  |   |   |   |                                  |
| 5                    |   | umber of adult h  | reporte the rec inform prosec  | by certify that all of t<br>ed. I understand that<br>beipt of Federal fund<br>ation; and that delib<br>bution under applica<br>or who signs this fo | t this information is<br>is; that the institutio<br>erate misrepresentable State and Fede | being given in conr<br>in officials may verif<br>ation may subject m<br>ral criminal statutes | nection with<br>by this<br>ne to |
|                      | Signature   |   |  | Social Security N   | Number  |   | Date                             |
|                      | <u>-</u>  |   | If y   | you DO NOT have a   |   |   |                                  |
| Total N              | lity Household Size: Monthly Income \$ Stamp/CA/FDPIR   |   | ( ) Appro<br>( ) Denie<br>( ) Temp<br>Date Appr                            | Determination   | IDate Not   | oroved Reduced  |                                  |

Section 9 of the National School Lunch Act requires that, unless your children's Food Stamp, CA or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or an indication that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamps, CA or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

| Part  |   |  |  |  |  |
|---|---|--|--|--|--|
| 6   |   |  |  |  |  |
| <b>RACE</b> : Please check the race or ethnic identity of your child. You                         | In accordance with Federal law and U.S.   |  |  |  |  |
| are not required to answer this question. We need this information                                | Department of Agriculture policy, this institution  |  |  |  |  |
| to determine if benefits are allocated on a fair basis.   | is prohibited from discriminating on the basis of   |  |  |  |  |
| ( ) Diselect African American   | race, color, national origin, sex, age or disability. To file a complaint or discrimination, write to |  |  |  |  |
| ()Black or African American<br>()Asian  | USDA, Director, Office of Civil Rights, Room  |  |  |  |  |
| ( ) American Indian or Alaskan Native   | 326-W, Whitten Building, 1400 Independence  |  |  |  |  |
| ( ) Native Hawaiian or Other Pacific Islander   | Avenue, SW, Washington DC 20250-9410 or   |  |  |  |  |
| ( ) White   | call 202-720-5964 (voice and TDD). USDA is an   |  |  |  |  |
| ( ) Hispanic or Latino  | equal opportunity provider and employer.  |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| Part OTHER BENEFITS   |   |  |  |  |  |
| 7 You do not have to complete this part to receive free and reduced price                         | e meals. You have the option of selecting all or part of  |  |  |  |  |
| the programs listed. School officials may use the information provided                            | on this application to determine my child's eligibility for:  |  |  |  |  |
| textbooks athletic equipment workbooks art sup  | oplies  |  |  |  |  |
| THE INFORMATION ON THIS FORM MAY BE USED ONLY TO ASSIST IN T                                      | HE DETERMINATION OF ELIGIBILITY FOR THE   |  |  |  |  |
| PROGRAMS THAT I HAVE INDICATED. I UNDERSTAND THAT I WILL BE R                                     |   |  |  |  |  |
| AM APPLYING FOR FREE AND REDUCED PRICE BENEFITS UNDER THE I                                       | NATIONAL SCHOOL LUNCH PROGRAM. I GIVE UP  |  |  |  |  |
| MY RIGHTS TO CONFIDENTIALITY FOR THESE PURPOSES ONLY.   |   |  |  |  |  |
| Leartify that Lam the parent/quardian of the child/ran) for whom the application is being made    |   |  |  |  |  |
| I certify that I am the parent/guardian of the child(ren) for whom the application is being made. |   |  |  |  |  |
| Signature of Parent/Guardian  | Date  |  |  |  |  |
|   |   |  |  |  |  |
|   |   |  |  |  |  |
| FOR SCHOOL LISE O   | NI V  |  |  |  |  |

| VERIFICATION  Date Selected for Verification_ Response Due from Household_ Second Notice Sent_ Date Response Received_ Sample Selection: ( ) Random ( ) 100% | ( ) Focused<br>( ) Other  | Verification Results: ( ) No Change ( ) Ineligible ( ) Free to Reduced ( ) Reduced to Free | Reason for Change: ( ) Income ( ) Household Size ( ) Refused to Cooperate ( ) Other |
|--|---|--|---|
| ( ) Food Stamp/CA/FDPIR Eligibility: ( ) Not Confirmed ( ) Food Stamp/CA/FDPIR Office ( ) Notice of Eligibility ( ) Agency records                           | ( ) Monthly Income<br>( ) Wage Stubs<br>( ) Written Docume<br>( ) Collateral Conta<br>( ) Other | ents   | Date Adverse Notice Sent  |

#### Appendix B-8 APLICACION DE MULTI-USO PARA COMIDAS GRATUITAS Y COMIDAS A PRECIO REDUCIDO Nombre de la Escuela Para solicitar comidas gratuitas o a precios reducidos para su hijo(s) llene, firme y devuelva esta solicitud a la escuela. Si necesita ayuda para llenar esta solicitud, llame al teléfono Llene esta apartado para niños(as) que van a esta escuela/distrito pero que no están incluidos en las estampillas de Apartado comida, CA o FDPIR. (Vaya al Apartado Número 3) Nombre del Niño(a) Nombre de la escuela Grado Maestro(a) Llene este Apartado para los Niños(as) que van a la escuela/distrito y que están recibiendo estampillas de comida. CA o Apartado FDPIR. (Vaya al Apartado número 5) Número de caso de estampillas de comida:\_\_\_\_\_\_\_\_\_\_ Número de FDPIR:\_\_ \_\_ Número de CA: \_\_\_\_\_\_\_ Nombre del Niño(a) Nombre de la escuela Grado Maestro(a) Si su hijo está incluido en el Apartado 1, usted debe llenar este Apartado Y también el Apartado número 5. Si su hijo(a) Apartado está incluido en la lista del Apartado 2, no llene este Apartado y pase al número 5. MIEMBROS DE LA CASA: Haga una lista de los nombres de cada una de las personas que habitan en la casa, incluyendo usted, otros adultos y niños(as). NO INCLUYA LOS NIÑOS(AS) QUE ESTÁN YA INCLUIDOS EN EL APARTADO 1. INGRESOS MENSUALES: Ponga la cantidad de ingresos mensuales de cada persona y de dónde los recibe. Escríbalo en la misma línea con el nombre. Escriba una lista de los ingresos BRUTOS (ANTES de las deducciones de impuestos, seguridad social, etc.) NOMBRE Escriba Asistencia Ingresos Ingresos Ingresos No hay usted el mensuales de Mensual\* Pagos mensuales de ingresos mensuales Trabajo (antes de √Aquí número Ayuda para ninos Pensiones, Retiro otras Fuentes de y Seguridad Social total de impuestos) CA y Pension ingresos personas \$ \$ \$ \$ en su \$ \$ \$ \$ familia \$ \$ \$ \$ \$ \$ \$ \$ (incluyendo \$ \$ \$ usted) Apartado NIÑOS ADOPTIVOS/INSTITUCIONALIZADOS: Completar una aplicación por separado por cada niño ya sea adoptivo/institucionalizado. Escribir el ingreso personal del niño y cada cuanto se reciben. (Vaya al Apartado número 5) Nombre del niño(a) \_\_\_ Ingresos mensuales\_ Nombre (en letra impresa)\_\_\_\_\_ Apartado Certifico que toda la información dada es verdadera correcta Entiendo que 5 Dirección esta información ha sido dada para recibir Fondos Federales; que los oficiales de la institución pueden verificar esta información; y que la Teléphono (casa) información dada incorrecta puede dar lugar a acusación y persecición en Teléphono (trabajo) mi contra de acuerdo con las leves vigentes tanto estatales como federales. Firma y número de Seguro Social del miembro adulto de la familia que firma esta forma; o marque la cajita de abajo si esta persona NO tiene número de Seguro Social.

#### Solo para uso oficial

| Eligibility             |  |
|-------------------------|--|
| Total Household Size:   |  |
| Total Monthly Income \$ |  |
| Food Stamp/CA/FDPIR     |  |
| 1 000 Stamp/CAVEDEIK    |  |

Firma

| Fligibility | Determination |
|-------------|---------------|

Seguridad Social

Si NO tiene usted Núm. de SS - √ Aquí

( ) Approved free ( ) Approved Reduced

Fecha

Date Notice Sent

- ( ) Denied (Reason) \_\_\_\_ ( ) Temporary Approval Until \_
- Date Approved \_\_\_\_\_\_\_\_Signature of Determining Official

La SECCION 9 del Acta Nacional de Comida Escolar requiere que, al menos que se de el número de las estampillas de comida de su niño o el número del caso de CA o FDPIR, usted deberá dar el número de Seguridad Social del adulto que firma esta aplicación o indicar que no lo tiene, si así fuera. No es obligatorio el dar el número de Seguridad Social, pero si no se da o no se indica que el adulto firmante no lo posee, la aplicación no puede ser aprobada. Esto se le debe hacer saber a la persona que firme. El número de Seguridad Social puede ser utilizado para identificar al miembro de la casa y por medio de él verificar que la información dada en la aplicación es correcta. Estas verificaciones pueden ser llevadas a cabo a través de revisiones, auditorias, e investigaciones y puede incluir el ponerse en contacto con el empleador para determinar el salario, contactar la oficina de estampillas de comida o ayuda (welfare) para determinar si está recibiendo beneficios de Estampillas de Comida, CA o FDPIR; contactar la oficina de seguridad de empleo del Estado para verificar la cantidad de beneficios recibidos y ver la documentación presentada por el miembro del hogar para probar la cantidad de ingresos recibidos. El dar información incorrecta puede resultar la pérdida o reducción de los beneficios, demanda administrativa o acción legal.

| Apartado 6  RAZA: Por favor indique raza o identidad etnica de su hijo. No si conteste. Necesitamos esta información para aseguramos que lo sean otorgados justamente.  ( ) Negro, Africano Americano ( ) Asíatico ( ) Indio Americano o Nativo de Alaska ( ) Nativo Hawaiano o Isleño del Pacífico ( ) Blanco ( ) Hispano o Latino  | se le requiere que<br>os beneficios | De acuerdo con la Ley Federal y la política del Departamento de Agricultura de los E.U., a esta institución se le prohibe discriminar en base a raza, color, origen nacional, sexo, edad o discapacidad. Para registrar una queja de discriminación, escriba al USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 o llame al 202-720-5964 (voz y TDD). USDA es un proveedor y patrón de oportunidad igual. |  |  |  |
|--|-------------------------------------|---|--|--|--|
| Apartado 7 OTROS BENEFICIOS  No es necesario que complete esta parte para rec  | cibir comidas gratuitas y de pre    | cio reducido. Usted tiene la opción de  |  |  |  |
| escojer todos los programas enlistados o parte de ellos. Los ofic  | iales de la escuela podrían usa     | ar la información provista en esta aplicación para  |  |  |  |
| determinar la elegibilidad de mi niño para: libro de texto equipo deportista   | cuaderno prov                       | visions de arte   |  |  |  |
| libro de texto equipo deportista   | cuademo prov                        | risions de ai le  |  |  |  |
| LA INFORMACION DE ESTE FORMULARIO SOLO PUEDE SER USADA PARA ASISTIR EN LA DETERMINACION DE LA ELEGIBILIDAD PARA LOS PROGRAMAS QUE HE INDICADO. ENTIENDO QUE ESTARE DANDO INFORMACION LA CUAL MOSTRARA QUE ESTOY APLICANDO PARA RECIBIR BENEFICIOS GRATUITOS Y DE PRECIO REDUCIDO BAJO EL PROGRAMA NATIONAL DE COMIDA EN LA ESCUELA. RINDO MIS DERECHOS DE CONFIDENCIALIDAD SOLO PARA ESTOS PROPOSITOS. |                                     |   |  |  |  |
| Certifico que yo soy el padre/tutor del niño(s) por los cuales de es   | stá haciendo la aplicación.         |   |  |  |  |
| Firma del Padre/Tutor  |                                     | Fecha   |  |  |  |
| FC   | OR SCHOOL USE ONLY                  |   |  |  |  |
| VERIFICATION  Date Selected for Verification  Response Due from Household  Second Notice Sent  Date Response Received  Sample Selection: ( ) Random ( ) Focused  | ( ) Ineligible                      | Reason for Change: ( ) Income ( ) Household Size ( ) Refused to Cooperate ( ) Other   |  |  |  |
| Eligibility: ( ) Wage Ś ( ) Not Confirmed ( ) Written ( ) Food Stamp/CA/FDPIR ( ) Collater   | r Income \$                         | Date of Change  |  |  |  |

MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY TWO WEEKS X 2.15; TWICE A MONTH X 2

#### (For Use of School's Determining Official Only)

## USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES

#### July 1 - June 30 Current School Year

|                                      | <u>FREE</u>                             |         |        |              | REDUCED                         |  |  |
|--------------------------------------|---|---------|--------|--------------|---------------------------------|--|--|
| Family Size:                         | *Year                                   | **Month | **Week | Family Size: | *Year                           | **Month  | **Week   |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8 | \$10<br>1<br>1<br>2<br>2<br>2<br>3<br>3 |         |        |              | 1<br>1<br>3<br>5<br>2<br>9<br>3 | 1,271<br>1,706<br>2,140<br>2,575<br>3,010<br>3,445<br>3,879<br>4,314 | 294<br>394<br>494<br>595<br>695<br>795<br>896<br>996 |
| Each Additional<br>Member Add:       | +                                       |         |        |              | 7                               | +435   | +101   |

#### Note:

Monthly Income = Weekly Income x 4.33

Monthly Income = Biweekly Income (every two weeks) x 2.15

Monthly Income = Semimonthly Income (twice a month) x 2

- \* Annualize only for those not having a regular monthly income
- \*\* Monthly Income = Annual Income ÷ 12 (and rounding up)
- \*\* Weekly Income = Annual Income ÷ 52 (and rounding up)

#### NOTIFICATION THAT TEMPORARY APPROVAL IS EXPIRING SOON

(Delete references to meals or milk where not applicable)

| Dear Parent or Guardian:   |   |
|--|---|
| Your application for free meals, reduced-price originally temporarily approved through (special due to your temporary loss of income. Meal/M above date. Unfortunately, we are unable to gradocumentation showing the household's ability Examples may be, but limited to, a letter from the family/friends, etc. Please complete and resubne eligibility may be reconsidered. | fy date)  |
| If you do not agree with the decision, or would school. If you wish to review the decision furth done by calling or writing the following officia  | er, you have a right to a fair hearing. This can be |
| Name   | Title   |
| Address  | Phone No.   |
| You may reapply at any time during the school may make you eligible (such as a decrease in he a household wage earner becomes unemployed   | ousehold income, an increase in household size or   |
| Enclosure  |   |

## NOTIFICACION DE QUE LA APROBACION TEMPORAL VENCERA PROXIMAMENTE

(Borre las referencias a alimentos o leche que no correspondan)

| Estimado Padre/Madre o Tutor:  |   |
|--|---|
| su(s) hijo(s) fue aprobada temporalmente ha<br>debido a su péro<br>Alimentos/Leche para su(s) hijo(s) terminar<br>Desafortunadamente, no podemos otorgarle<br>documentación que demuestre que su famili<br>ingresos. Ejemplos de ésto pueden ser, pero | dida temporal de ingresos. Los beneficios de rán después de la fecha mencionada arriba. e más aprobación a menos que nos proporcione ia tiene la habilidad de sobrevivir sin una fuente de no están limitados a, una carta del banco de comida, a/amistades, etc.Por favor llene y presente de nuevo la |
| Si no está de acuerdo con la decisión, puede<br>Si desea revisar aún más esta decisión, tiene<br>hacerse llamando o escribiendo al funcionar   | e usted derecho a una audiencia justa. Esto se puede  |
| Nombre   | Título  |
| Dirección  | Número de Teléfono  |
| cambio en sus circunstancias lo pueden hac<br>un aumento en el tamaño de su familia o si   | nento durante el año escolar si piensa usted que un<br>er elegible (como una baja en los ingresos familiares,<br>algún sostén de la familia llegara a ser desocupado).  |
| Anexo  |   |

#### **Notification Letter for School Meals**

Dear Parent/Guardian,

This letter is a notification of the determination made on your recent application for free or reduced-price meals for your child(ren). Your application has been:

| <b>Approved</b>   | <b>Denied</b>  |   |
|---|--|---|
| ( ) Approved for free meals   | ( ) Income over the allo   | wable amount  |
| ( ) Approved for reduced-price meals at cents for lunch and for breakfast   | ( ) Incomplete application missing:  | on. The following is                                      |
|   | ( ) Other:   |   |
| If you do not agree with the decision you the right to a fair hearing. This can be o  | •  |   |
| Name  | Address  | Phone   |
| by more than \$50 per month or \$600 per year or vapproved for meal benefits based on eligibility for Distribution Program on Indian Reservations (FD receive this benefit for your child.  You may reapply for benefits at any time during the decrease in household income, become unemploy out another application at that time. | r food stamps, Cash Assistance (PIR), you must tell the school when the school year. If you are not el | CA) or Food<br>hen you no longer<br>igible now but have a |
| This notification may qualify your child for other and specific educational programs. Take this letter benefits.  |  |   |
| In the operation of Child Nutrition Programs, no color, national origin, age, or disability. If you be Secretary of Agriculture, Washington, DC 20250   | lieve you have been discriminate   |   |
| Sincerely,  |  |   |
|   |  |   |
| Name  | Title  | Date  |

#### CARTA DE NOTIFICACION ACERCA DE LAS COMIDAS EN LA ESCUELA

| Estimado/a:  |  |  |
|--|--|--|
| Esta carta es una notificación acerca de la determina para comidas gratis o de precio reducido para su niño  |  | eciente aplicación   |
| <u>APROBADA</u>  | <b>NEGADA</b>  |  |
| ( ) Aprobada para comidas gratis   | ( ) Entradas por encima de permisible.   | e la cantidad  |
| ( ) Aprobada para comidas de precio reducido a centavos para almuerzo y para desayuno.   | ( ) Aplicación incompleta  | . Falta lo Siguiente   |
|  | ( ) Otros  |  |
| Si usted no está de acuerdo con la decisión tomada, j<br>Usted también tiene el derecho a una audiencia. Est<br>siguiente oficial de la escuela:   |  |  |
| Nombre   | Dirección  | Teléfono   |
| Si su niño es aprobado para recibir beneficios de cor<br>ingresos de la casa aumenten por más de \$50 por me<br>disminuya. Si su niño es apobado para recibir benef<br>estampillas de comida, Dinero Asistencia (CA) o Pro<br>Indias (FDPIR), usted debe informar a la escuela cua | s o \$600 al año o cuando el tama<br>icios de comida basándonos en e<br>ograma de Distribución de Comi | año de la familia<br>elegiblidad para<br>da en Reservaciones |
| Usted puede volver a solicitar beneficios en cualquie elegible ahora pero tiene una disminución de entrada aumento en el número de personas viviendo en su camomento.  | as en su domicilio, queda sin trab   | oajo, o tiene un   |
| Esta notificación podría calificar a su niño para otros de algunos costos y programas específicos educativo información acerca de estos beneficios.  |  |  |
| En la operación de Programas de Nutrición del Niño<br>de raza, sexo, color, nacionalidad, edad, o incapacida<br>escriba al Secretario de Agricultura, Washington, Do   | ad física. Si usted cree que ha si   |  |
| Atentamente,   |  |  |
| Nombre   | <br>Título   | Fecha  |

#### FREE AND REDUCED-PRICE POLICY STATEMENT

#### **Policy Statement for Pricing Programs**

This policy statement outlines regulations of the United States Department of Agriculture and will be considered a permanent document. This statement applies to the programs in which the sponsor will be participating as indicated on the application and agreement.

The SPONSOR assures the STATE AGENCY that the SPONSOR will implement a policy in conformance with 7 CFR part 245.10 to determine children's eligibility for free and reduced-price benefits (meals and/or milk) in the National School Lunch, School Breakfast and Special Milk Programs under its jurisdiction. In fulfilling its responsibilities, the SPONSOR shall:

- 1. Provide prescribed benefits free or at a reduced-price to children from families whose income does not exceed DEPARTMENT guidelines or to children from food stamp households, CA or FDPIR assistance units that provide a case number or are directly certified by the Department of Economic Security. NOTE: The SPONSOR has two options if participating in the Special Milk Program: 1) to offer milk *free*, or 2) to *charge* for milk, on a nonprofit basis.
- 2. Submit annually to the STATE AGENCY, Child Nutrition Programs Unit, copies of the SPONSOR'S Parent Letter (including names of the reviewing officials and hearing official), Income Application, Approval/Denial Notice, Meal Count System Information, the Free and Reduced-Price Document Summary and After School Care Program Information, if the SPONSOR is new to the program or if there have been changes to the previously approved forms.
- 3. If there have been **no changes**, submit the Free and Reduced-Price Document Summary and indicate the options you have selected for the new program year. The Income Application, Approval/Denial Notice and Meal Count System Information shall be deemed part of this policy statement and will be made permanent. Changes to any of the above documents require the approval of the STATE AGENCY, Child Nutrition Programs Unit.
- 4. Accept applications at any time during the year. If a child transfers from one school to another, under the jurisdiction of the same SPONSOR, eligibility for free or reduced-price benefits will be transferred to and honored by the receiving school. All children from a family that receives the same benefits shall be notified within ten working days of the acceptance or denial of their application. Children shall be served immediately upon the establishment of their eligibility.
- 5. When an application is rejected, parents or guardians shall be informed in writing of the reason for denial and of the hearing procedures herein provided. Parents shall be notified that they may reapply for free and reduced-price benefits or free milk at any time during the school year. The SPONSOR shall designate as a hearing official someone not involved in the original eligibility determination, preferably someone in a position superior to that of the determining official.
- 6. Establish a hearing procedure under which: (1) a family may appeal a decision made by the School Food Authority with respect to an application the family has made for free or reduced-price meals or for free milk, and (2) the School Food Authority may challenge the continued eligibility of any child for a free or reduced-price meal or for free milk. The hearing procedure shall provide for both the family and the School Food Authority:
  - a. A simple, publicly announced method to make an oral or written request for a hearing;
  - b. An opportunity to be assisted or represented by an attorney or other person;
  - c. An opportunity to examine, prior to and during the hearing, any documents and records presented to support the decision under appeal

- d. Assurance that the hearing shall be held with reasonable promptness and convenience, and that adequate notice shall be given as to the time and place of the hearing;
- e. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference;
- f. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
- g. Assurance that the hearing shall be conducted and the decision made by a hearing official who did not participate in making the decision under appeal or in any previously held conference;
- h. Assurance that the decision of the hearing official shall be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record;
- i. Assurance that the parties concerned and any designated representative shall be notified in writing of the decision of the hearing official;
- j. Assurance that a written record shall be prepared with respect to each hearing, which shall include the challenge or the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official, including the reasons therefore, and a copy of the notification to the parties concerned of the decision of the hearing official;
- k. Assurance that the written record of each hearing shall be preserved for a period of five years and shall be available for examination by the parties concerned or their representatives at any reasonable time and place during that period;
- l. Notice that benefits already ongoing shall be continued until ten working days after a decision has been reached by the hearing official;
- m. Notice that households that have been approved for benefits and that are subject to a reduction or termination of benefits later in the same school year shall receive continued benefits if they appeal the adverse action within the 10-calendar-day advance notice period; and
  - n. Notice that households that are denied benefits upon application shall not receive benefits.
  - 7. Not segregate or discriminate against any child because of inability to pay the full price. Further assurance is given that:
- a. The names of the children shall not be published, posted, or announced in any manner, unless an approved multi-use application is in use;
- b. There shall be no overt identification of any of the children by the use of special tokens, tickets, or by any other means;
  - c. The children shall not be required to work for their meals or milk:
- d. The children shall not be required to use a separate dining area, go through a separate serving line, enter the dining area, or consume their meals or milk at a different time;
- e. When more than one lunch, breakfast, or type of milk is offered which meets the requirements of 7 CFR parts 210.10, 220.8 or 215.2, the children shall have the same choice of meals and/or milk that is available to those children who pay the full price for their meals and/or milk; and
- f. Children shall not be discriminated against because of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status.
  - 8. Make determinations of eligibility for free or reduced-price benefits specified in 7 CFR part 245. Officials shall use the criteria referred to in this policy for the parent application.
  - 9. Distribute to each child's parent or guardian a letter announcing eligibility criteria as required in 7 CFR part 245.5(a) and an application form for free or reduced-price benefits at the beginning of each school year and whenever there is a change in eligibility criteria.

- 10. Make available the free and reduced-price guidelines and other information contained in the parent letter to local unemployment offices and major employers contemplating large layoffs in the area from which its attendance is drawn as required in 7 CFR part 245.5(a).
- 11. Verify approved free and reduced-price applications by December 15 as specified by 7 CFR part 245.6a. Maintain a description of the verification activities as required by CFR part 245.6a 3(c).
- 12. Have the opportunity to determine children as eligible for free meals or free milk based on Direct Certification in place of information submitted by the household on the income application. Direct Certification forms must be retrievable by school.
- 13. Agree that the STATE AGENCY will submit a public/press release containing both free and reduced-price eligibility guidelines and other information required to be contained in parent letter to news media. The SPONSOR agrees to submit a public/press release to local unemployment offices and major employers contemplating or experiencing layoffs.

#### **Policy Statement for Nonpricing Programs**

The SPONSOR warrants and represents that:

- 1. All children in attendance or residence are being served the same choice of meals and/or milk at no separate charge.
- 2. The SPONSOR has data on all children claimed for free or reduced-price benefits and assures the STATE AGENCY that each child receiving such benefits meets the prescribed eligibility criteria.
- 3. A daily count is kept by meal type for all meals and/or milk claimed.

#### ( ) Special Assistance - Provision 1 Programs, Additional Requirements if applicable

A School Food Authority of a school having at least 80 percent of its enrolled children determined eligible for free and reduced-price meals may, at its option, authorize the school to reduce annual certification and public notification for those children eligible for free meals to once every two consecutive school years. The following requirements shall apply:

- 1. A School Food Authority of a school operating under Provision 1 requirements shall publicly notify parents of enrolled children who are receiving free meals once every two consecutive school years, and shall publicly notify parents of all other enrolled children on an annual basis.
- 2. The 80 percent enrollment eligibility for this alternative shall be based on the school's March enrollment data of the previous school year, or on other comparable data.
- 3. A School Food Authority of a school operating under Provision 1 shall count the number of free, reduced-price and paid meals served to children in that school as a basis for monthly reimbursement claims.

#### ( ) Special Assistance - Provision 2 Programs, Additional Requirements if applicable

A School Food Authority which oversees a school serving meals free of charge to all enrolled children in that school may publicly notify and certify children for free and reduced-price meals for up to four consecutive school years, provided that eligibility determinations shall be in accordance with 7 CFR part 245.3 during the first school year. The following requirements shall apply:

- 1. Except for assistance properly made available under parts 210, 220, 240, 250, the Indian Child Welfare Act 95-608, and by other legislation, a School Food Authority of a school operating under Provision 2 requirements agrees to pay with funds from other than federal sources for:
  - a. meals served to children not eligible for free or reduced-price meals; and
  - b. the differential between the per-meal cost and federal reimbursement received for each free or reduced-price meal, respectively, served to children eligible to receive such meals under applicable program regulations.
- 2. In the first year, schools must take daily counts each month of the number of meals served by meal type (free, reduced-price, and paid) and convert the number of each meal type to a percentage of total meals served for the month. The percentages are derived by dividing the monthly total number of meals served by one meal type (e.g. free) by the total number of meals served the same month for all meal types (free, reduced-price, and paid).
- 3. For the purpose of calculating reimbursement claims, for the second, third, and fourth school years, the three percentages, calculated at the end of each month of the first school year (base year), shall be multiplied by corresponding monthly meal totals of all meal types (free, reduced-price and paid meals).
- 4. Eligibility determinations from the base year must be maintained for as many years as necessary to substantiate claims for reimbursement in the applicable Provision 2 cycle, including any extensions of that cycle.

#### ( ) Special Assistance - Provision 3 Programs, Additional Requirements if applicable

A School Food Authority which oversees a school serving meals free of charge to all enrolled children may publicly notify and certify children for free and reduced-price meals for up to five consecutive school years, provided that eligibility determinations shall be in accordance with 7 CFR part 245.3 during the first school year. The following requirements shall apply:

1. Except for assistance properly made available under parts 210, 220, 240, 250, the Indian Child Welfare Act 95-608, and by other legislation, a School Food Authority of a school operating under Provision 3 requirements agrees, after the first year, to pay with funds from other than federal sources for:

- a. meals served to children not eligible for free or reduced-price meals; and
- b. the differential between the per-meal cost and federal reimbursement received for each free or reduced-price meal, respectively, served to children eligible to receive such meals under applicable program regulations.
- 2. Reimbursement in the four years following the first year (base year) will be determined by taking the prior year's reimbursement and adjusting for changes in enrollment and inflation. Meal counts are not required to be taken during these years. Enrollment change must be based on the school's enrollment on October 31 annually.

|                                | se year must be maintained for as many years as necessary to<br>in the applicable Provision 3 cycle, including any extensions of |
|--------------------------------|--|
| (Print or Type Name and Title) | (Authorized Signature)   |
| (Sponsor/School)               | (Date)   |

STATE OF ARIZONA
DEPARTMENT OF ECONOMIC SECURITY

CASE NUMBER:

CASELOAD ID:

MAILING DATE:

## DIRECT CERTIFICATION LETTER

## 2000-2001 FREE MEALS PROGRAMS

Many schools, day care and Headstart centers offer free meals to children eligible for cash assistance or food stamp benefits. The children listed below are eligible for free meals if their school or center is participating in the United States Department of Agriculture (USDA) Child Nutrition Programs. Please take this form to your children's school, day care or Headstart center to enroll them in the free meals program.

Name/nombre

DOB

Please list schol
Escriba cures

Grade y grado

When you provide an notice and the school of the free meals application is not research to describe the notice to the school/center you will have to complete applied in o the first meal. If your children attend more than one school/center will a describe and/or food stamp benefits are closed.

#### Other benefits

Your child any be eligible for benefits from other programs. Eligibility information may be shared with these programs. Check with your child's school/center for information about other available programs.

In the operation of Child Nutrition Programs, no person will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe that you have been discriminated against, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Equal Opportunity Employer/Program

This document is available in alternative formats by contacting your local office manager

ESPANOL EN EL REVERSO

# SAMPLE VERIFICATION SCHEDULE AND PROCEDURES

| RESPONSIBILITY                           |     | ACTIVITY  | DATE       |
|--|-----|---|------------|
| person responsible for (See current Free |     | Prepare necessary verification materials.<br>(See current Free and Reduced-Price<br>Handbook for examples.)   | October    |
|  | 2.  | Choose ONE (1) sampling method to be used for verification: Random, Focused, 100%.  | October    |
|  | 3.  | Determine total number of approved Free and Reduced-Price applications.   | October 31 |
|  | 4.  | Determine number of approved applications from food stamp, FDPIR and CA households. (Focused Sampling)  | October 31 |
|  | 5.  | Separate error-prone applications (those within \$100 of monthly income guidelines). (Focused Sampling only)  | October 31 |
|  | 6.  | Compute number of applications to be verified:  | November 1 |
|  |     | andom: 3% of total applications  1/2% (.005) of food stamp, FDPIR  and CA applications  plus (+)  1% of total applications  |            |
|  | 100 | %: All Applications   |            |
|  | 7.  | Select applications for verification. Explain<br>the method used to randomly select<br>applications. (Make copies of the selected<br>applications to be kept in verification file.)   | November 1 |
|  | 8.  | Send <i>first notice</i> of verification to selected applicants. For focused sampling, send list of selected food stamp and CA households to Department of Economic Security. Send a list of selected FDPIR households to the local FDPIR office. | November 6 |

| RESPONSIBILITY   | ACTIVITY DATE |  | DATE        |
|--|---------------|--|-------------|
|  |               |  |             |
| Name or title of person responsible for activity (continued) | 9.            | Review income documentation. (Information required to verify applications may include any of the acceptable sources included in the Free and Reduced-Price Handbook, Appendix L.)            | Ongoing     |
|  |               | Indicate results of the verification on the application. Attach documentation to the application.  |             |
|  |               | Send Notification of Adverse Action<br>(Appendix O or Appendix R) to those<br>applicants determined ineligible. (Benefits<br>terminate 10 days from date of notice or at<br>appeal hearing.) |             |
|  | 10.           | Send <i>follow-up notice</i> of verification to nonrespondents. (Optional)   | November 15 |
|  | 11.           | Send <i>notice of termination of benefits</i> (Appendix O or R) to nonrespondents of follow-up notice. (Benefits terminate 10 days from date of notice or at appeal hearing.)                | December 4  |
|  | 12.           | Terminate benefits for nonrespondents.   | December 13 |
|  | 13.           | Prepare verification report. (Appendix T)  | December 15 |
|  | 14.           | Retain all verification records for five (5) years.  |             |
|  | 15.           | Send completed Verfication Report to ADE   | December 15 |

## RANDOM SAMPLING WORKSHEET

# REQUIRED SAMPLE SIZE

| Number | or approve | ed applica | mons on | me on | 10/31: |
|--------|------------|------------|---------|-------|--------|
|        |            |            |         |       |        |

| X          | .03                                       |
|------------|---|
| =          | or 3,000 applications, whichever is less. |
| (round all | lecimals up)                              |

Randomly select the required number of applications. In a random selection, all applications both categorical (food stamp/FDPIR/CA) and income must have an equal chance of selection.

## FOCUSED SAMPLING WORKSHEET

## **Required Number of Applications with Income Information to Verify**

| Total number of approved applications on file on 10/31:  |
|--|
| <u>x .01</u>   |
| = or 1,000 applications, whichever is less. (round all decimals upward)  |
| From the applications with income information, select applications with reported income within \$100 a month (\$1200 a year) of the free and reduced-price eligibility levels. Continue selecting applications until the required number of applications are chosen. |
| REQUIRED CATEGORICALLY ELIGIBLE SAMPLE   |
| Total number of categorically eligible applications (those with food stamp/FDPIR/CA case numbers):   |
| X .005   |
| = or 500 applications, whichever is less. (round all decimals upward)  |

From the applications with a food stamp, FDPIR or CA case numbers, select applications using any method that is equitable and ensures that the same household is not selected each year.

# LETTER TO HOUSEHOLDS NOTIFICATION OF SELECTION FOR VERIFICATION OF ELIGIBILITY

| (Student's Name)   | (School)   |                            | (Date)                 |
|--|--|----------------------------|------------------------|
| IMPORTANT: YOU MUS   | ST ANSWER THIS LETTER  | •                          |                        |
| Dear:  |  |                            |                        |
| This letter requires that you send i                           | nformation to  | (official's name)          | by (date)              |
| If you do not reply to this letter, yo                         | our child will not continue to receive fi  |                            |                        |
| Your child's application has been reduced-price meal benefits. | n selected as part of a review to ma   | ake sure only eligible stu | udents receive free or |
|  | nts that show that you get food stamp<br>ch adult household member on the e                              |                            |                        |
|  | at shows the kinds of documents that o show your household's income. Doesnt back to you only if you ask. |                            |                        |
|  | at proves your child is eligible to receifits will be stopped. Submit the requir                         |                            | e meal benefits by the |
| If you have any questions, or if yo                            | u need any help, please call   |                            |                        |
| at telephone number:<br>free or reduced-price meals will co    | If you do not hear frontinue without change.   | rom us by                  | (date)                 |
| Thank you for your cooperation in                              | this matter.   |                            |                        |
| Sincerely,   |  |                            |                        |
| Enclosure: (Verification Informat                              | ion for Free and Reduced-Price Meals   | 3)                         |                        |

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

PLEASE COMPLETE THE REVERSE SIDE OF THIS LETTER

#### **SOCIAL SECURITY NUMBERS**

If you do not show that you now get food stamps, FDPIR or CA for your child, send in (1) documents that show your current household income and (2) the name and the social security number of each household member 21 years of age or older in the spaces below. Write the word "none" if an adult household member does not have a social security number.\*

| Names of Adult Household Members | <b>Social Security Number</b> |  |  |  |  |  |  |  |
|----------------------------------|-------------------------------|--|--|--|--|--|--|--|
| 1                                | //////                        |  |  |  |  |  |  |  |
| 2                                | //////                        |  |  |  |  |  |  |  |
| 3                                | //////                        |  |  |  |  |  |  |  |
| 4                                | //////                        |  |  |  |  |  |  |  |
| 5                                | /////-                        |  |  |  |  |  |  |  |
| 6                                | //////                        |  |  |  |  |  |  |  |

\*Privacy Act Statement: The National School Lunch Act requires that, unless you show that you receive food stamps, FDPIR or CA for your child, you must provide the social security number of each adult household member or indicate that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided for each adult household member or an indication made that an adult household member does not have a social security number, benefits will be terminated. The social security number may be used to identify household members in verifying the correctness of information stated on the application and continued eligibility for the program. These verification efforts may be through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or CA benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. This information must be provided to each adult household member disclosing his/her social security number.

#### VERIFICATION INFORMATION FOR FREE AND REDUCED-PRICE MEALS

<u>FOOD STAMP/FDPIR/CA HOUSEHOLDS:</u> If you get food stamps/FDPIR or CA for your child, you *only* have to send something that shows your household is now getting them. No other information is required. This can be:

- Food Stamp/FDPIR or CA Certification notice showing the beginning and ending dates of the certification period
- · Letter from the food stamp or welfare office stating that you now get food stamps/FDPIR/CA
- ATP Card (Authorization to Participate)
- "Free Meals Programs" direct certification letter

If your child was approved for free meals because you put a food stamp/FDPIR or CA case number on your child's application, but you no longer get food stamps/FDPIR or CA for your child and want to continue benefits, (1) make out another application with income information for everyone in your household; (2) write the name and the social security number of each adult household member on the application or on another piece of paper and (3) send pay stubs or other documents which show your *current* income.

HOUSEHOLDS THAT DO NOT GET FOOD STAMPS/FDPIR OR CA: If you do not get food stamps/FDPIR or CA for your child, (1) write the name and social security number for each adult household member on the enclosed sheet and (2) send copies of information or papers which show your household's *current* income. Current income is the amount of money your household received last month.

The documents you send in must show: (1) The amount of the income received; (2) the name of the person who received it; (3) the date the income was received; and (4) how often the income is received.

To show the amount of money your household received last month, send copies of the following:

- EARNINGS/WAGES/SALARY FOR EACH JOB
  - Current paycheck stub that shows how often it is received
  - Current pay envelope that shows how often it is received
  - Letter from employer stating gross wages paid and how often they are paid
  - Business or farming papers, such as ledger or tax books
- SOCIAL SECURITY/PENSIONS/RETIREMENT
  - Social security retirement benefit letter
  - Statement of benefits received
  - Pension award notice
- UNEMPLOYMENT COMPENSATION/DISABILITY OR WORKER'S COMPENSATION
  - Notice of eligibility from State Employment Security Office
  - Check stub
  - Letter from Workman's Compensation
- WELFARE PAYMENTS (CA, General Assistance)
  - Benefit letter from welfare agency
- CHILD SUPPORT/ALIMONY
  - Court decree, agreement or copies of checks received
- ALL OTHER INCOME (If you have other forms of income [such as rental income] send information or documents which show the amount of income received, how often it is received, and the date received.)

<u>FOSTER CHILDREN</u>: Letter from DES showing the child has been placed in your care or the name, agency or phone number of the social worker assigned to the child.

NO INCOME: If you have no income, send a brief note explaining how you provide food, clothing and housing for your household and when you expect an income.

| If you have any quest | tions, or need help in | deciding the kind of info | ormation to send, please call: |
|-----------------------|------------------------|---------------------------|--------------------------------|
|-----------------------|------------------------|---------------------------|--------------------------------|

| , telephone number: |
|---------------------|
| -                   |

**Spanish** 

### CARTA A LAS FAMILIAS AVISO DE SELECCION Y SOLICITUD DE DOCUMENTOS PARA VERIFCAR LOS INGRESOS RECIBIDOS

| Estimado:  |
|--|
| Las escuelas que participan en los programas de comidas escolares deben asegurarse de que sólo se beneficien del programa de comidas gratis o a precios reducidos los niños que rénan las condiciones necesarias. Por lo tanto, se han seleccionado algunas de las solicitudes presentadas para verificar su exactitud. Las familias seleccionadas deben presenter información o documentos para comprobar que tienen derecho a recibir los beneficios. Su solicitud ha sido una de las seleccionadas. Por lo tanto, deberá presentar información o documentos que demuestren el ingreso familiar o que su familia está recibiendo cupones para alimentos (Food Stamps). |
| En la hoja adjunta se indica el tipo de información o documentos que puede presentar para demonstrar su ingreso familiar.  |
| Si recibe cupones para alimentos, sólo tiene que presentar informació o documentos que le acrediten como beneficiario de dichos cupones. En la información deberá figurar que actualmente los está recibiendo. Puede utilizar su Aviso de Certificación de Cupones de Alimentos (Food Stamp Certification Notice), una carta de la oficina a cargo del programa de cupones para alimentos en la que diga que usted recibe dichos cupones, una tarjeta "ATP," o cualquier otro documento que sirva para comprobar que recibe los cupones.   |
| Si nos enviá los documentos originales, se le devolverán su debido tiempo.   |
| Sírvase enviarnos esta información por a:  |
| Nombre   |
| Dirección  |
| Para solicitar información adicional o ayuda, llame a al teléfono  |
| Los beneficios que ofrece el programa de comidas escolares quedarán suspendidos si no nos enviá  |

#### FAVOR DE LLENAR COMPLETAMENTE LADO OPUESTO

USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

la información para comprobar que su hijo tiene derecho a recibirlos.

Le saluda atentamente,

#### **NUMEROS DE SEGURO SOCIAL**

Familias no que reciben cupones para alimentos o asistencia social (CA), deben presentar 1) información o documentos que indiquen su ingreso familiar actual, y 2) los nombres y los numeros de seguro social de cada persona que tenga 21 años o mas. Si un adulto no tiene numero de seguro social escriba "NONE" (ninguno).\*

| Los Nombres | Numero do Seguro Social |    |     |    |     |    |     |     |  |
|-------------|-------------------------|----|-----|----|-----|----|-----|-----|--|
| 1           |                         | /_ | _/_ | _/ | _/_ | _/ | _/_ | _/_ |  |
| 2           |                         | /_ | _/_ | /  | _/_ | _/ | _/_ | _/_ |  |
| 3           |                         | /_ | _/_ | /  | _/_ | _/ | _/_ | _/_ |  |
| 4           |                         | /_ | _/_ | _/ | _/_ | _/ | _/_ | _/_ |  |
| 5           |                         | /_ | _/_ | /  | _/_ | _/ | _/_ | _/_ |  |
| 6           |                         | /_ | _/_ | _/ | _/_ | _/ | _/_ | _/_ |  |

\*Si Ud. no indicó el número de expediente o del caso de Cupones para Alimentos (Food Stamps) o de Asistencia Dinero (CA), el acto National School Lunch, sección 9, exige que incluye el número de seguro social de la persona trabajando o del adulto firmando la aplicación. Usted no esta obligado a dar los números de seguro social, pero si no lo hace su hijo no podrá recibir comidas gratis o a precios reducidos. Los números de seguro social pueden utilizarse para identificario a usted a fin de verificar la información que ha proporcionado en la presente solicitud. La verificación puede incluir auditorias, investigaciónes; consultas con la oficina estatal para la seguridad en el empleo, los empleadores, y comprobar si es correcta la información escrita que ha proporcionado la familia. Toda información incorrecta podrá dar por resultado la pérdida de beneficios o una acción judical. Todos los familiares, cuyos números de seguro social figuran en la solicitud, deberán estar al corriente de estos hechos.

#### **VERIFICACION DE LA INFORMACION**

Presente información o documentos que indiquen su ingreso familiar *actual*. A continuación da como ejemplo una lista de diferentes tipos de documentos. Tambíen puede presentar una carta de la fuente o fuentes de sus ingresos donde se indique la candidad que corresponde sus ingresos.

<u>FAMILIAS QUE RECIBEN CUPONES PARA ALIMENTOS</u>: Si recibe cupones para alimentos, *sólo* tie que presentar información que indique la participación de su familia en este programa. No hace falta otro tipo de información. Dicha información debería ser:

Aviso de Certificación de Cupones de Alimentos (Food Stamp Certification Notice).

Una carta de la oficina a cargo de los cupones para alimentos en la que diga que usted recibe dichos cupones.

Tarjeta "ATP."

DES "Programas de Comidas Gratis"

#### INGRESOS/SUELDO/SALARIO

Comprobante del cheque de pago actual

Sobre en que recibe el pago actual

Una carta de su empleador donde se indique el salario bruto que recibe y cada cuánto tiempo le pagan 6.

#### SEGURO SOCIAL/PENSION/JUBILACION

Carta donde se indiquen los beneficios de seguro social querecibe pro concepto de jubilación.

Una declaración de los beneficios recibidos

Aviso donde se le informa sobre la concesión de una pensión

#### INDEMIZACION POR DESEMPLEO

Aviso de la Oficina Estatal para la Seguridad en el Empleo (State Employment Security Office) en el que le notifiquen que tiene derecho a dicha indemnización.

#### PAGOS DE LA ASISTENCIA SOCIAL (CA, GA) (WELFARE PAYMENTS)

Carta de la oficina de asistencia social (Welfare Agency) en la que se indican los beneficios que recibe.

#### AYUDA ECONOMICA PARA LOS HIJOS/PENSION ALIMENTICIA (CHILD SUPPORT/ALIMONY)

Decisión del tribunal, acuerdo o copias de los cheques recibidos.

#### OTROS INGRESOS:

Si recibe ontros ingresos, presente información o documentos que indiq candidad de los ingresos recibidos, cada cuánto tiempo los recibe y en fecha los ha recibido. Por ejemplo:

#### INGRESOS POR TRABAJO REALIZADO POR CUENTA PROPIA

Documentos de su negocio o granja, tales como el Libro Mayor.

Comprobantes de cheques que ha emitido a su numbre.

#### INDEMNIZACION POR INVALIDEZ O POR ACCIDENTES DE TRABAJO

Copia de la carta en que se le conceden los beneficios por invalidez.

Comprobante del cheque.

#### CUANDO NO RECIBE INGRESOS:

Si no recibe ingresos, presente una nota breve con explicaciones cómo prevee a su familia de alimentos, ropa y vivienda.

| - | - |             |  |  |  |
|---|---|-------------|--|--|--|
|   |   |             |  |  |  |
|   |   |             |  |  |  |
|   |   |             |  |  |  |
|   |   | al teléfono |  |  |  |

Para solicitar información adicional o ayuda para decidir qué tipo de información debe da llame a

#### SOURCES OF ACCEPTABLE INCOME DOCUMENTATION

#### **Suggested Sources of Acceptable Written Evidence Types of Income** (The following listing contains suggestions of sources of acceptable income documentation. This list is not exclusive and additional sources may be requested.) · A current paycheck stub 1. Earnings (wages and salary): Total or *gross* earnings before withholding FICA, taxes, or other deductions, such as insurance. If the applicant is a self-· Pay envelopes showing total gross pay employed businessperson or farmer, net income should be used. (NOTE: · Letter from employer stating gross wages Many of the assets of self-employed business persons are on paper and their cash or net worth is often very low, although they may hold considerable · Self-employed: property and equipment [assets]. They should report only their actual cash Business or farming documents, such as ledger books income, *not* assets.) · Last quarterly tax estimate Last year's tax return 2. Cash Income: Some persons who work in situations where the employer does · A letter from the employer stating wages not want to be responsible for withholdings, such as domestic workers, casual paid and frequency laborers or persons working for an individual or small business on an irregular basis, may receive wages in the form of cash. 3. CA: Cash Assistance is a welfare payment intended to assist eligible persons · Benefit letter from the welfare agency to meet the costs of daily living. Most often these payments are made to families with needy children under the age of 18 (21 if in school) where a parent is absent from the home. Many states also provide benefits to families where the male head of the household has been unemployed for a long time. 4. General Assistance or welfare is often a cash payment made by local welfare/human service agencies based upon need. Often these payments are · Benefit letter from the welfare agency

confused with or even combined with CA payments.

|    | Types of Income   | Suggested Sources of Acceptable Written Evidence  |
|----|---|---|
| 5. | <u>Unemployment Compensation</u> is paid to individuals who have lost their jobs.   | <ul> <li>Unemployment compensation award letter</li> <li>Notice of eligibility from State<br/>Employment Security Office</li> <li>Agency records</li> </ul> |
| 6. | <u>Child Support or Alimony</u> is a payment by a separated or divorced spouse for the support of children or the spouse. Although the court has ordered (decreed) a monthly amount or an amount was agreed upon, payments may be infrequent or irregular. Only actual payments and not the amount that is supposed to be received should be reported.  | <ul> <li>Copies of checks or other proof of<br/>payments received, court decree or<br/>agreement</li> </ul>   |
| 7. | Social Security Retirement is more correctly named Old Age and Survivors Disability Insurance. It actually includes the traditional retirement benefit, payments to survivors (spouses and children) and disability payments. (The disability payments are similar to SSI.) Please note that younger persons (preretirement) and their dependents can also receive disability payments, unless they are retired (over 60).                | <ul> <li>Social security retirement benefit letter</li> <li>Official statement of benefits received</li> <li>Monthly check</li> </ul>                       |
| 8. | SSI or Supplemental Security Income is <i>not</i> a retirement pension. It is a special funding program to assist households with aged, blind or disabled members. Often, if a child has a learning disability, the household will receive a monthly SSI assistance payment. Please note that some applicants will refer to these payments as "disability" and may not understand that it is a form of social security payment (welfare). | <ul> <li>SSI eligibility letter</li> <li>SSI check</li> <li>Official statement of benefits received</li> </ul>  |
| 9. | <u>Retirement/Pension</u> refers to <i>non</i> -social security retirement. It includes private pensions, state pensions, veterans and/or military retirement and the like.   | <ul><li>Official statement of benefits received</li><li>Pension award notice</li></ul>  |

| Types of Income  | Suggested Sources of Acceptable Written Evidence   |
|--|--|
| 10. <u>R.R. Benefit</u> or Railroad Retirement is a special government retirement fund for former employees of the railroads. Payments can be made to survivors (spouses and children.)  | <ul><li>Official statement of benefits received</li><li>Railroad retirement award letter</li></ul>                             |
| 11. <u>Veterans Payments</u> is money paid periodically by the Veterans Administration to disabled members of the Armed Forces or to survivors of deceased veterans.   | <ul> <li>Official statement of benefits received</li> <li>Veterans Administration award notice</li> </ul>                      |
| 12. <u>Rental Income</u> is room and board payments by non-household members living in the home.   | · Rental agreement or letter from non-household members stating amount paid  |
| 13. <u>Military Housing Allowance</u> may be received if an adult member of the household is a member of the military and the household is located off base.   | <ul><li>Leave and Earning Statement</li><li>Letter from the base commander stating amount and frequency of allowance</li></ul> |
| 14. Zero Income: On occasion, a household may report no income on the application. This might occur if a parent is a live-in housekeeper and receives only room and board as compensation for work done, or if a household is being supported by non-monetary means provided by religious or civic organizations due to illness or disability. At the discretion of the State Agency, a household can be asked to provide a written statement describing the household's circumstances, i.e., how the household pays for food, housing, etc., when no income is reported. (In lieu of requesting such a written statement, the SFA may want to use a collateral contact approach to verify the application.) | <ul> <li>Written statement from household describing how it subsists</li> <li>Collateral contact</li> </ul>                    |

# LETTER HOUSEHOLD MAY HAVE EMPLOYER COMPLETE STATEMENT OF EARNINGS

| This statemer   |   | received the following amount of gross |  |
|-----------------|---|--|--|
| income before   | (Name of Employere deductions for taxes, social sec | oyee) curity insurance, etc.: \$       |  |
|                 |   |  |  |
|                 |   |  |  |
| This income     | is received:  |  |  |
| [ ]             | weekly  |  |  |
| [ ]             | every two weeks                                     |  |  |
| [ ]             | twice a month                                       |  |  |
| [ ]             | monthly   |  |  |
| [ ]             | other   |  |  |
|                 |   |  |  |
| Please state tl | he date of the paycheck listed abo                  | ove                                    |  |
| 110000 0000 0   | are anno or one puly encour motern woo              |  |  |
|                 |   |  |  |
| Signature of l  | Employer and Title                                  | Date                                   |  |
|                 |   |  |  |
| Address         |   |  |  |
|                 |   |  |  |
|                 |   |  |  |
|                 |   |  |  |
| Telephone Ni    | umher   |  |  |

# LETTER HOUSEHOLD MAY HAVE SOCIAL SECURITY OFFICE COMPLETE FOR SOCIAL SECURITY AND/OR SUPPLEMENTAL SECURITY INCOME (SSI)

| This statement is to confi | received the following |                                |
|----------------------------|------------------------|--------------------------------|
|                            | (Name of Cla           | received the following nimant) |
| Social Security \$         | or SSI income \$       | for the month of               |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
| Printed Name               |                        |                                |
| Signature of Official      |                        | Date                           |
|                            |                        |                                |
| Address                    |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
|                            |                        |                                |
| Telephone Number           |                        |                                |

# NOTIFICATION OF ADVERSE ACTION; CHANGE IN BENEFITS OR TERMINATION OF FREE OR REDUCED-PRICE BENEFITS

## **NOTE:** Applies to Pricing Programs only.

| Child(ren)'s Name(s):   |  |  |  |
|---|--|--|--|
| School:   | Date:  |  |  |
| Dear:   |  |  |  |
| We have completed verification of your child(ren)'s eligibility.  |  |  |  |
| Starting on your child (10 calendar days from the date sent)  | d(ren)'s eligibility for meals benefits will be:   |  |  |
|   | me is over the allowable amount. The reduced-price charge is ust tell the school when your household income increases by more than I size decreases. |  |  |
| Stopped for the following reason(s): your income is over the allowable amount f you did not provide proof of current eligibil   | for free or reduced-price meals; lity. The following information is missing:   |  |  |
| Starting immediately your child(ren)'s eligibility for meal benef   | its will be:   |  |  |
| Changed from reduced-price to free because your incorreceive meals at no cost. You must tell the school whe per year) or when your household size decreases.  | me is within the free meal eligibility limits. Your child(ren) will n your household income increases by more than \$50 per month (\$600)            |  |  |
| If you are not eligible for benefits now, but have a decrease in h of your household, you may fill out an application at that time to   | ousehold income, become unemployed, or have an increase in the size o reapply for benefits.  |  |  |
| If you do not agree with the decision, you may discuss it with(verifying official). You also have the right to a fair hearing. If (date), your child(ren) will continue to receive <i>free or reduced-p</i> request a fair hearing by calling or writing the following official | Syou request a hearing by  |  |  |
| Name:   |  |  |  |
| Address:  |  |  |  |
| Telephone Number:   |  |  |  |
| Sincerely,  |  |  |  |
|   |  |  |  |

The USDA is an equal opportunity provider and employer.

## NOTIFICATION DE CAMBINO EN BENEFICIOS O TERMINACION DE BENEFICIOS GRATIS O A PRECIOS REDUCIDOS

|  | Fecha   |
|--|---|
| Estimado:  |   |
| Como resultado de la verificación hecha a partir de  | ) dias de la fecha citada)  |
| `  | ,   |
| su elegibilidad para beneficios de comidas gratis o a precios rec  | ducidos ha sido:  |
| <ul> <li>Cambiado de precios reducidos a gratis. A partir de la fecha</li> <li>Cambiado de gratis a precios reducidos. El precio reducido ingresos aumenten por mas de \$50 por mes (\$600 por ano), c</li> <li>Cancelado por las siguientes razones:</li> </ul> | indicada, sus niños(as) recibirán sus comidas gratis. es Usted deberá comunicar a la escuela cuando su o cuando disminuya su familia. |
| <ul> <li>Ingresos sobrepasan la cantidad admisible</li> <li>No presentó prueba de eligibilidad. Nesces</li> </ul>  | sita la siguiente información   |
|  |   |
| Si usted no es elegible para recibir beneficios ahora, pero sus<br>puede llenar una solicitud y aplicar de nuevo para recibir estos  | ingresos han disminuido, a empezado a trabajar o a aumentado su familia beneficios.   |
| Si usted no esta de acuerdo con esta decición, favor de comunidad.   | carse con   |
| (Oficial de Verificación)  |   |
| Tambien tiene derecho a una audiencia. Puede llamar o escribi  | r al oficial antes de   |
| Fecha  |   |
| Nobre:   |   |
| Dirección:   |   |
| Teléphono:   |   |
| Si usted desea una audiencia, su nino(a) continuará recibiendo haga una decición.  | o comidas gratis o a precios reducidos hasta que el oficial de la audiencia   |
| Atentamente,   |   |
| Nombre   | Posición  |
| 2.0000   | 2 00.410  |

USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

# LETTER HOUSEHOLD MAY HAVE FOOD STAMP/FDPIR/CA OFFICE COMPLETE STATEMENT OF FOOD STAMP/FDPIR/CA BENEFITS

| (Name of Child)   | (Name of Parent/Guardian)                                 |
|---|---|
| This statement is to confirm that the child named about | ove is currently certified to receive food stamp or CA    |
| benefits. The household's case number is                |   |
| This statement is to confirm that the child named about | ove is currently certified to receive FDPIR benefits. The |
| household's case number is                              |   |
|   |   |
|   |   |
| Signature of food stamp, FDPIR or CA Official           | -   |
|   |   |
| Date  | -   |
|   |   |
| Address   |   |
|   |   |
|   |   |
|   |   |
| Telephone   |   |

# LETTER TO THE FOOD STAMP/FDPIR/CA OFFICE FROM THE SCHOOL FOOD AUTHORITY

| Dear:   |   |                                     |
|---|---|-------------------------------------|
| The receipt of food stamps, FDPIR or CA, automatic for the Food Stamp Program, Food Distribution Pro (CA) Program permit food stamp, FDPIR and CA Or National School Lunch and School Breakfast Program benefits.                                 | ogram on Indian Reservations (FDPIR) and C ffices to release eligibility information to admir | ash Assistance<br>histrators of the |
| Enclosed is a listing of approved free meal application indicated that the child for whom application was matthe enclosed listing, please indicate if these how Stamp/FDPIR and/or CA Program. This informate eligibility for free meal benefits. | ade now receives food stamp/FDPIR and/or Causehold members are <i>currently</i> participating | A benefits. Or in the Food          |
| Your return of the listing by enclosed for your convenience. If you have any  |   |                                     |
| at telephone number   |   |                                     |
| Sincerely,  |   |                                     |
| Signature   | Date  |                                     |
| Address   |   |                                     |
| Telephone Number  |   |                                     |
| Enclosure (Verification Form-Food Stamp/FDPIR/CA  | A Recipients)   |                                     |

# VERIFICATION FORM FOOD STAMP/FDPIR/CA RECIPIENTS (Multiple Applicants)

| ADULT MEMBER<br>Last Name, First | CHILD'S NAME<br>Last Name, First | FS/FDPIR/CA<br>Case No. | PARTICIPATES<br>Yes No |
|----------------------------------|----------------------------------|-------------------------|------------------------|
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
|                                  |                                  |                         |                        |
| Signature of Food Stan           | np, FDPIR or CA Official         | Date                    |                        |
| Address                          |                                  |                         |                        |
|                                  |                                  |                         |                        |
| Telephone Number                 |                                  |                         |                        |

# NOTIFICATION OF ADVERSE ACTION FOR FOOD STAMP/FDPIR/CA HOUSEHOLDS

| NOTE:             | Applies to Pricing Programs only.   |
|-------------------|---|
| D                 | Date:   |
|                   |   |
| Available         | records show that your household is not getting food stamps/FDPIR/CA at this time.  |
| To continu        | ue benefits for your child:   |
| (1)<br>(2)<br>(3) | 1 11  |
| ( )               | ·   |
|                   | d's free school meal benefits will be stopped ondays from the above date) unless we receive this information. Any continued free or reduced-price meals and on your current household income. |
| If you do i       | not agree with the decision, you may discuss it with ficial) by calling (telephone number).   |
| You also l        | have a right to a fair hearing. This can be done by calling or writing the following official:  |
| Name:             |   |
| Address:_         |   |
| Phone:            |   |
| If you requ       | uest a hearing by (insert 10 days from the date sent), your child will continue to be meals until the decision of the hearing official is made.   |
| •                 | not eligible for benefits now, but your household circumstances change, you may fill out an application and reapply for benefits.   |
| Very truly        | yours,  |
| Enclosure         | s (Form for social security numbers, Verification Information for Free and Reduced-Price Meals, and Free and Reduced-Price Application)   |
| The USD           | A is an equal opportunity provider and employer.  |

# AVISO DE ACCION ADVERSA PARA FAMILIAS CON ESTAMPILLAS PARA ALIMENTOS/FDPIR/CA

NOTA: Se refiere solamente a Programas de Fijación de Precios.

| <b>.</b>                 | Fecha:   |
|--------------------------|--|
| Estimado/                | 'a::   |
| Los exped                | lientes disponibles indican que su familia no está recibiendo estampillas para alimentos/FDPIR/CA ahora.   |
| Para conti               | nuar los beneficios para su hijo:  |
| (1)<br>(2)               | Llene una nueva solicitud con información sobre sus ingresos.<br>Escriba el nombre y número de seguro social de cada miembro adulto de su familia en la hoja de papel adjunta. |
| (3)                      | Envíe usted documentos que muestren los ingresos actuales de su familia.   |
| (insert 10               | ntos escolares gratuitos de su hijo serán suspendidos el   |
| Si no está<br>(school of | de acuerdo con esta decisión, puede tratarla con(telephone number).  |
| Usted tan siguiente:     | nbién tiene derecho a una audiencia justa. Esto puede hacerse llamando o escribiendo al funcionario  |
| Nombre:_                 |  |
| Dirección                | <u>:</u>   |
| Teléfono:                |  |
| Si pide us               | ted una audiencia antes del (insert 10 days from the date sent), ntinuará recibiendo comidas grátis hasta que sea hecha la decisión en la audiencia oficial.                   |
|                          | asted elegible para recibir beneficios ahora, pero las circunstancias en su familia cambian, puede usted solicitud en ese momento y volver a solicitar los beneficios.         |
| Muy atent                | ramente,   |
| Anexos                   | (Formulario para números de seguro social, Datos para Verificación para Comidas Grátis y a Precios Reducidos y Solicitud para Comidas Grátis y a Precios Reducidos)            |
| El USDA                  | es un proveedor y patrón de oportunidad igual.   |

# NOTIFICATION OF CONTINUATION OF BENEFITS AS A RESULT OF VERIFICATION

(OPTIONAL)

| Date:   |                  |
|---|------------------|
| Dear:   |                  |
| Thank you for cooperating with the  |                  |
| (name of school food authority) in its verification of eligibility for school meal benefits. The materials you have sent are sufficient that your child is eligible for the meal benefits he or she is receiving. | for us to verify |
| We appreciate your cooperation and support during this process. If you have any questions c program, please feel free to contact our office.  | concerning our   |
| Sincerely,  |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |
|   |                  |

"The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

# AVISO DE CONTINUACION DE BENEFICIOS COMO RESULTADO DE VERIFICACION

(OPCIONAL)

| Fecha:  |
|---|
| Estimado/a:   |
| Gracias por su cooperación con  |
| (name of school food authority) en su verificación de elegibilidad para beneficios de comidas escolares. Los materiales que usted ha enviado sor suficientes para que nosotros verifiquemos que su hijo es elegible para los beneficios de comidas que esta recibiendo. |
| Le agradecemos a usted su cooperación y apoyo durante este proceso. Si tiene usted alguna pregunta sobre nuestro programa, por favor siéntase en libertad de llamar a nuestra oficina.  |
| Atentamente,  |
|   |
|   |
|   |
| "El Departamento de Agricultura de los Estados Unidos (USDA) prohíbe la discriminación en todos   |

"El Departamento de Agricultura de los Estados Unidos (USDA) prohíbe la discriminación en todos sus programas y actividades en base a raza, color, origen nacional, género, religión, edad, discapacidad, creencia política, orientación sexual, o estado civil o familiar. (No todas las bases de prohibición se refieren a todos los programas.) Personas con discapacidades que requieren medios alternos de comunicación para información de los programas (Braille, tipo grande, cintas de audio, etc.) deben comunicarse con el USDA's TARGET Center (Centro OBJETIVO de USDA) al (202) 720-2600 (voz y TDD).

Para presentar una queja de discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al (202) 720-5964 (voz y TDD). El USDA es un proveedor y patrón de oportunidad igual."

# **Verification Report**

| Sponsor  | CTD#  |  |  |
|--|---|--|--|
| Completed by   | DatePhone Number  |  |  |
|  | and Direct Certification Forms do You Have?   |  |  |
| 31. These applications were approved based on in 2Total number of approved Free an October 31. These applications were approved bas <b>Direct Certification forms.</b> | d Reduced-Price applications (not children) that were eligible as of ed on a Food Stamp, CA or FDPIR case number. <b>Do not include DES</b>   |  |  |
| , , ,  | ted) DES Direct Certification forms.  |  |  |
|  | nat Method Did You Use?   |  |  |
| because they are exempt from verification. Fraction  | II). Do not include DES Direct Certification forms in your sample size as must be carried two decimal points and always rounded up. (Example: tions will be verified.) At least one application must be verified. |  |  |
| I. Random Sample Method:   |   |  |  |
| Total number of approved <b>applications</b> (#1 + #2ab  | ove): X .03 (3%) = =Total number of applications to verify  |  |  |
| II. Focused Sample Method:   |   |  |  |
|  | (A) No. (A) No. (A) No. (A) No. (A)   |  |  |
| Total number of approved applications (#1 + #2 at  | oove):X .01 (1%) =(A) =Number of income<br>eligible applications to verify  |  |  |
| Total number of applications that were approved ba   |   |  |  |
| Total number of applications that were approved ba   | sed of a Food Staffe, CA of FDFIK fluitiber.  |  |  |
| (#2 above) X .005 (1/2%) =   | (B) = Number of Food Stamp, CA and FDPIR applications to  |  |  |
|  | verify  |  |  |
| (A)+ (B)   | = Total number of applications to verify  |  |  |
| III. 100% Sample Method:   |   |  |  |
| Total number of approved applications (#1 + #2 abo   | eve): = Total number of applications to verify  |  |  |
| W  | hat Were Your Results?  |  |  |
| a=Number of applications changed   | from free to reduced-price  |  |  |
|  | · · · · · · · · · · · · · · · · · · ·   |  |  |
|  |   |  |  |
| c=Number of applications changed <u>from reduced-price to free</u>   |   |  |  |
| d=Number of applications changed <u>from reduced-price to denied*</u>  |   |  |  |
| e=Number of applications with no cl  | lange in benefits   |  |  |
| = Total number of applications veri  | fied (a. through e.)  |  |  |
| *= Include those households which o  | did not respond to "Notification of Selection for Verification" letter.   |  |  |
| * = Number of application changes due to sponsor error (i.e. incorrect calculation, incorrect reading of IEG's,  |   |  |  |
| incorrect understanding of applic  | ation information, etc).  |  |  |

#### 1. Purpose and Scope

(<u>Insert name of determining agency</u>) and (<u>insert name of receiving agency</u>) acknowledge and agree that children's free and reduced price meal and free milk eligibility information obtained under provisions of the National School Lunch Act (42 USC 1751 et.seq.) or Child Nutrition Act of 1966 (42 USC 1771 et. Seq.) and the regulations implementing those Acts is confidential information. This Memorandum of Understanding (MOU) is intended to ensure that any information disclosed by the (<u>insert name of determining agency</u>) to the (<u>insert name of receiving agency</u>) about children eligible for free and reduced price meals or free milk will be used only for purposes specified in this MOU and that the (<u>insert name of determining agency</u>) and (<u>insert name of receiving agency</u>) recognize that there are penalties for unauthorized disclosures of this eligibility information.

#### 2. Authority

Section 9(b)(2)(C)(iii) of the National School Lunch Act (42 USC 1758(b)(2)(C)(iii)) authorizes the limited disclosure of children's free and reduced price meal or free milk eligibility information to specific programs or individuals, without prior parent/guardian consent. Except that, the parent/guardian must be provided the opportunity to decline to share eligibility information prior to the disclosure for identifying children eligible for benefits under or enrolling children in the State Medicaid and Kidscare program. Additionally, the statute specifies that for any disclosures not authorized by the statute, the consent of children's parents/guardians must be obtained prior to the disclosure. For any unauthorized disclosure of children's eligibility information, the statute specifies a fine of not more than \$1,000 and imprisonment of not more than 1 year, or both.

#### 3. Responsibilities

(Insert Name of Determining Agency) will:

Determine children's free and reduced price meal or free milk eligibility in accordance with the income eligibility criteria mandated by the Department of Agriculture;

Inform households that their children's free and reduced price meal or free milk eligibility information may be shared;

For State Medicaid and Kidscare notify parents/guardians of potential disclosures and provide opportunity for parents/guardians to elect not to have information disclosed;

Disclose eligibility information only to persons directly connected to the administration or enforcement of programs authorized access under the National School Lunch Act or regulations under the Act or to programs or services for which parents/guardians gave consent.

Include a Privacy Act statement when necessary and ensure the statement meets the Privacy Act requirements;

Secure parents/guardians consent prior to any disclosure not authorized by the National School Lunch Act or any regulations under that Act and disclose eligibility information only to those persons directly connected to programs for which prior consent was given.

(Insert Name of Receiving Agency) will:

| (insert name of the Program) and whose job responsibilities require use of the eligibility information will have access to children's eligibility information:  |
|---|
| (Specify by name(s) or title(s))  |
| Use children's free and reduced price eligibility information for the following specific purpose(s):  (Describe)  |
| Inform all persons that have access to children's free and reduced price meal or free milk eligibility information that the information is confidential and must be used only for purposes specified above;                           |
| Protect the confidentiality of children's free and reduced price meal or free milk eligibility information as follows:  |
| (Specifically describe how the information will be protected from unauthorized uses and further disclosures.)   |
| Description of Procedures to Transfer Meal Eligibility Information (May be completed by either the determining agency or receiving agency)  |
| Describe the procedures for transferring students' meal eligibility information from the determining agency to the requesting agency/program so as to limit the number of individuals who have access to the information.  (Describe) |
|   |
| 4. Effective Dates  |
| This agreement shall be effective from to to  |

Ensure that only persons who are directly connected with the administration or enforcement of the

#### 5. Penalties

Any person who publishes, divulges, discloses, or makes known in any manner, or to any extent not authorized by Federal law (Section 9(b)(2)(C) of the National School Lunch Act; 42 USC 1758 (b)(2)(C)) or a regulation, any information about a child's eligibility for free and reduced price meals or free milk shall be fined not more than a \$1,000 or imprisonment of not more than 1 year, or both.

# 6. Signatures

| The parties acknowledge that children's free and reduced price meal and free milk eligibility         |
|---|
| information may be used only for the specific purposes stated above; that unauthorized use of free    |
| and reduced price meal and free milk information or further disclosure to other persons is prohibited |
| and a violation of Federal law which may result in civil and criminal penalties.                      |

| Receiving Agency   | <br>Date |  |
|--------------------|----------|--|
| 3 3 7              |          |  |
| Determining Agency | Date     |  |